Schedule E)	PAGE 1 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report New report Amend	ds report filed on
Full Name of Payee Serena A Jones	Date of Public Distribution/Dissemination
	06 / 09 / 2014
Mailing Address 7151 Mullins Drive	Amount
City State Zip Code	80.00
Saltville VA 24370	Transaction ID: eb6d2621-a8c9-4385-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 06 / 09 / 2014
Name of Federal Candidate Sup	port Office Sought: House District: 00
Ms. Kay Hagan Opp	ose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Serena A Jones	06 09 7 2014
Mailing Address 7151 Mullins Drive	Amount
City State Zip Code	24.60
Saltville VA 24370	Transaction ID : ccdd65da-a33d-4dd5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 M 06 / 09 / Y Y Y Y Y Y Y
Name of Federal Candidate Sup	port Office Sought: House District: 00
Ms. Kay Hagan Opp	ose President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	············ >
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 07 29 2014
- 3	

Schedule E)	IN EXILID	HONES	_	AGE 2 OF 134 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee			Date of Public D	istribution/Dissemination
Serena A Jones			06	10 / 2014
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		75.00
Saltville	VA	24370		7ed55ee0-0c0b-4352-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Serena A Jones			M M / / 06	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		26.70
Saltville	VA	24370		6834a43e-d9f4-436c-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	184282.88	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			101.70
			-	-7-
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•	7
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 29	2014
•				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Serena A Jones	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7151 Mullins Drive	ount
City State Zip Code	90.00
Saltville VA 24370 Tra	Insaction ID : 635ac35e-4baa-415a-9 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District: 00
Mc Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
	Other (specify)
Full Name of Payee Dat Serena A Jones	te of Public Distribution/Dissemination
Mailing Address 7151 Mullins Drive	06 11 2014
Am	nount
City State Zip Code	28.20
Dat	nsaction ID: aaa98e98-1a57-4aa2-b te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 / 11 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	118.20
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 3

OF

Sch	edule E)		101120			PAGE 4 OF 134 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC ID	ENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					C00530766
Chec	k if 24-hour report X 48-hour report New	v repc	ort Amends repo	rt filed on	M = M /	D = D / Y = Y = Y
TF	full Name of Payee			Da	ate of Public	Distribution/Dissemination
	Serena A Jones				07 /	14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
M	Mailing Address 7151 Mullins Drive			Ar	mount	
C	Sity State		Zip Code			90.00
	Saltville VA		24370			D: 1b543eda-ac4c-457e-b rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 /	14 / 2014
N	lame of Federal Candidate		Support	Office So	ught:	House District:00
	Ms. Kay Hagan		X Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	18	84282.88	Disburser 2014	ment For: Other (sp	Primary ☐ General ecify) ►
	Full Name of Payee			Da	ate of Public	Distribution/Dissemination
1	Serena A Jones				07 /	14 2014
N	Mailing Address 7151 Mullins Drive				07	14 2014
	7101 2			ıΑ	mount	
	City State		Zip Code			30.30
	Saltville VA		24370	Tra	insaction ID ate of Disbu): 12113028-1e15-425c-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002		07	14 / 2014
١	Name of Federal Candidate		Support	Office Sc	ought:	House District:00
	Ms. Kay Hagan		X Oppose	Pre	esident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	184282.88	Disburser 2014	ment For: Other (sp	Primary
(a)) SUBTOTAL of Itemized Independent Expenditures			>		120.30
(b)) SUBTOTAL of Unitemized Independent Expenditures			•		
(c)) TOTAL Independent Expenditures			•	7	
wit	nder penalty of perjury I certify that the independent expendit th, or at the request or suggestion of, any candidate or autho rty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Elec	ectroni	ically Filed] Date	07	/ 29	2014
	Signature		_			

Schedule E)	INI EXI END	TIONES		AGE 5 OF 134 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D D / Y Y Y Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Serena A Jones			07	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		80.00
Saltville	VA	24370		: 0602b4c1-9df8-44f6-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Serena A Jones			M = M / 07	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		25.50
Saltville	VA	24370		c270f3c1-0ff1-46b4-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	15 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			105.50
, , ,			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>	
(c) TOTAL Independent Expenditures			•	1 7 1 1 1 1 1 1
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 29	2014
•				

Schedule E	E)	IVI EX EXE	1101120		PAGE 6 OF 134 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name Serena	of Payee a A Jones				of Public Distribution/Dissemination
Mailing Ad	ldress 7151 Mullins Drive			Amour	07 16 2014
				711100.	
City		State VA	Zip Code	Trong	80.00
Saltville	· –	VA	24370		action ID: 04636ed6-0d4f-4aaf-b of Disbursement or Obligation
Purpose o Salary	f Expenditure		Category/ Type 001	M	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of F	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay ⊦	lagan		Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought		184282.88	Disbursement 2014 Ot	t For: Primary X General
Full Name	of Payee				of Public Distribution/Dissemination
Serena	A Jones			М	07 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Ad	ddress 7151 Mullins Drive				07 16 2014
	-			Amou	nt
City		State	Zip Code		29.70
Saltville		VA	24370	Transa Date o	ction ID: 7f0a5fda-d856-4edf-b of Disbursement or Obligation
Purpose of Mileage	of Expenditure		Category/ Type 002	M	07
Name of I	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay H	lagan		X Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought	7	184282.88	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTO	TAL of Itemized Independent Expendit	ures		•	109.70
(b) SUBTO	TAL of Unitemized Independent Exper	ditures		. •	711717
(c) TOTAL	Independent Expenditures			•	7 7 7
with, or at t	alty of perjury I certify that the independent of the request or suggestion of, any canduittee) any political party committee or	idate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	29 2014
Signatur	е				

Schedule E)	I LXI LIND	TOTILO		PAGE 7 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of	Public Distribution/Dissemination
Serena A Jones			M 07	
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		50.00
Saltville	VA	24370		tion ID: 8922d2bd-83ce-4a39-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	84282.88	Disbursement F 2014 Othe	for:
Full Name of Payee			Date of	Public Distribution/Dissemination
Serena A Jones			M 07	
Mailing Address 7151 Mullins Drive			Amount	
City	State	Zip Code		21.00
Saltville	VA	24370		on ID: 1877c34d-e64f-441e-a Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	184282.88	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s			71.00
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		• •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		29 / 2014
- 3				

		FOR SE OF FORM 24/48
NAME OF COMM		FEC IDENTIFICATION NUMBER ▼
Women Spe	ak Out PAC	C C00530766
Check if 24-h	our report X 48-hour report New report Amends report filed of	n
Full Name of	Payee	Date of Public Distribution/Dissemination
Ms. Tony	•	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addres	S 2357 Fancy Cap Rd	Amount
City	State Zip Code	40.00
Mt. Airy	NC 27030	Transaction ID: b88e2a4c-2e08-44be-9 Date of Disbursement or Obligation
Purpose of Ex Salary	penditure Category/ Type 001	06 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fede	ral Candidate Support Office S	Sought: House District:00
Ms. Kay Haga		resident State: NC
	Year-To-Date on for Office Sought Disburs 2014	ement For: Primary
Full Name of	Payee	Date of Public Distribution/Dissemination
Ms. Tonya		06 15 2014
Mailing Addres	2007 I diloy Cup Itu	Amount
City	State Zip Code	4.62
Mt. Airy		ransaction ID : 7e4f0ba4-24cb-4800-8 Date of Disbursement or Obligation
Purpose of Ex Mileage	penditure Category/ Type 002	06 15 / 2014
Name of Fede	ral Candidate Support Office S	Sought: House District: 00
Ms. Kay Haga	n Oppose F	President State: NC
	Year-To-Date Disburs 2014 Disburs 2014	ement For:
(a) SUBTOTAL	of Itemized Independent Expenditures	44.62
(b) SUBTOTAL	of Unitemized Independent Expenditures	
(c) TOTAL Inde	pendent Expenditures	
with, or at the i	of perjury I certify that the independent expenditures reported herein were not made equest or suggestion of, any candidate or authorized committee or agent of either, any political party committee or its agent.	
M.	. Emily Buchanan [Electronically Filed] Date 07	29 2014
Signature		

PAGE

OF

Schedule E)		PAGE 9 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Edwin H Parnell	Date	e of Public Distribution/Dissemination
Mailing Address 122 Olde Point Rd		06 25 / 2014
	Am	ount
City State Zip Co	ode	30.00
Hampsted NC 28443		nsaction ID: 8f42188c-a0ae-4d39-a e of Disbursement or Obligation
Purpose of Expenditure Salary Category	gory/ Type 001	06 25 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Kay Hagan	Oppose Pres	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursem 2014	ent For: Primary ⊠ General Other (specify) ▶
Full Name of Payee	Dat	re of Public Distribution/Dissemination
Edwin H Parnell		06 25 2014
Mailing Address 122 Olde Point Rd		
	Am	ount
City State Zip Co		1.50
Hampsted NC 28443	Tran	saction ID: a9cc0700-df4a-4586-a e of Disbursement or Obligation
Purpose of Expenditure Mileage Category	gory/ Type 002	06 / 25 / 9014
Name of Federal Candidate	Support Office Sou	ight: House District: 00
Ms. Kay Hagan	X Oppose Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	282.88 Disbursem 2014	nent For:
-		
(a) SUBTOTAL of Itemized Independent Expenditures	······	31.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······	4 4
(c) TOTAL Independent Expenditures	·····	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized comm party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Fi	iled] Date 07	29 2014
Signature		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	ort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Mr. Matthew Fouty	06 25 2014
Mailing Address 110 Pebblestone Ct.	Amount
City State Zip Code	20.00
King NC 27021	Transaction ID : 3ffcd556-6ffc-42bf-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 184282.88	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payer	
Full Name of Payee Mr. Matthew Fouty	Date of Public Distribution/Dissemination 06 25 2014
Mailing Address 110 Pebblestone Ct.	Amount
City State Zip Code	4.80
King NC 27021	Transaction ID : bdfb202e-1b31-471b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 / 25 / 2014
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 184282.88	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	24.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	9 07 29 2014
Signature	

PAGE

10

OF

	uuic Ly	FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
vvor	nen Speak Out PAC	C C00530766
Check	if 24-hour report X 48-hour report New report Amends report filed of	on M=M / D=D / Y=Y=Y
	Name of Payee	Date of Public Distribution/Dissemination
	Ir. Matthew Fouty	06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	illing Address 110 Pebblestone Ct.	Amount
Cit	y State Zip Code	50.00
	ng NC 27021	Transaction ID : c232e8b2-677f-480a-a Date of Disbursement or Obligation
	rpose of Expenditure Category/ Type 001	06 27 / 2014
Na	me of Federal Candidate Support Office	Sought: House District: 00
M	r Kay Hagan	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary General
\vdash		Other (specify) -
	II Name of Payee Ir. Matthew Fouty	Date of Public Distribution/Dissemination
Ma	ailing Address 110 Pebblestone Ct.	06 27 2014 Amount
Ci		7.80
		Fransaction ID : 4ad157ab-5f87-4809-8 Date of Disbursement or Obligation
	rpose of Expenditure ileage Category/ Type 002	06 27 2014
Na	me of Federal Candidate Support Office	Sought: House District: 00
М		President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbur 2014	sement For: Primary
(a)	SUBTOTAL of Itemized Independent Expenditures	57.80
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	
with	er penalty of perjury I certify that the independent expenditures reported herein were not made, or at the request or suggestion of, any candidate or authorized committee or agent of either, y committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	Signature	

PAGE 11

OF

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Mr. Matthew Fouty	06 18 2014
Mailing Address 110 Pebblestone Ct.	mount
City State Zip Code	35.00
King NC 27021 Tr.	ransaction ID : b492f6c8-5e3a-4400-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 18 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Kay Hagan	esident State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary General
Full Name of Payee	Other (specify) ▶ate of Public Distribution/Dissemination
Mr. Matthew Fouty	ate of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Pebblestone Ct.	mount
City State Zip Code	6.60
King NC 27021 Tra	ansaction ID : d667fdf2-9a38-41e0-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 18 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	41.60
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	29 2014
Signature	

PAGE 12

OF

Schedule E)	ENT EXTEND	TIONES	PAGE 13 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Matthew Fouty			07
Mailing Address 110 Pebblestone Ct.			Amount
City	State	Zip Code	30.00
King	NC	27021	Transaction ID : ffc64f66-5736-43d0-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 02 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	-,,	184282.88	Disbursement For: Primary General 2014 General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Matthew Fouty			07 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Pebblestone Ct.			Amount
City	State	Zip Code	5.40
King	NC	27021	Transaction ID : afcdb969-87e9-4705-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: Primary General G
(a) SUBTOTAL of Itemized Independent Expendent	litures		35.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Experience	enditures		>
(c) TOTAL Independent Expenditures			•
	ididate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
J			

Schedule E)	VI EXI END	HONES		14 OF 134 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	ATION NUMBER ▼
Women Speak Out PAC			C C0053076	66
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee			Date of Public Distributi	on/Dissemination
Mr. Matthew Fouty			M M / D D D 29	2014
Mailing Address 110 Pebblestone Ct.			Amount	
City	State	Zip Code		20.00
King	NC	27021	Transaction ID : 37280 Date of Disbursement of	
Purpose of Expenditure Salary		Category/ Type 001	06 / 29	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	184282.88	Disbursement For: ☐ Prim 2014 ☐ Other (specify) ▶ _	ary X General
Full Name of Payee			Date of Public Distribut	ion/Dissemination
Mr. Matthew Fouty			06 / 29	/ Y Y Y Y Y Y 2014
Mailing Address 110 Pebblestone Ct.			Amount	2011
City	State	Zip Code		4.50
King	NC	27021	Transaction ID : e605ce Date of Disbursement of	2e-0937-486f-9
Purpose of Expenditure Mileage		Category/ Type 002	06 / 29	/ Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	184282.88	Disbursement For: Prim 2014 Other (specify) ▶	ary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res			24.50
			7	
(b) SUBTOTAL of Unitemized Independent Expend	itures		>	
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		2014
-				

Schedule E)	INT EXTEND	TIONES	PAGE 15 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee_			Date of Public Distribution/Dissemination
Mr. Matthew Fouty			06 30 7 2014
Mailing Address 110 Pebblestone Ct.			Amount
City	State	Zip Code	50.00
King	NC	27021	Transaction ID : 7fc246b5-9658-4086-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Matthew Fouty			06 30 / Y Y Y Y Y
Mailing Address 110 Pebblestone Ct.			Amount
City	State	Zip Code	9.60
King	NC	27021	Transaction ID : f37eb07c-1e3c-4d96-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 30 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	184282.88	Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendent	tures		59.60
(b) CURTOTAL of Helicaria dela december 5	- 11		
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07
- 3			

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	X New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	te of Public Distribution/Dissemination
Edwin H Parnell		06 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 122 Olde Point Rd	An	nount
City	tate Zip Code	30.00
Hampsted	NC 28443 Tr a	ansaction ID : 510635a9-f913-4e75-a te of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Soil	ught: House District: 00
Ms. Kay Hagan	Oppose Pre	sident State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursen 2014	nent For:
Full Name of Payee Edwin H Parnell Mailing Address 122 Olde Point Rd City		ate of Public Distribution/Dissemination M 06
1 '		nsaction ID : 60191d89-5bf6-4cb2-a
		ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	06 / 25 / 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Kay Hagan	Oppose Pre	sident State: NC State:
Calendar Year-To-Date Per Election for Office Sought	184282.88 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	31.50
(b) SUBTOTAL of Unitemized Independent Expenditure	s	
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 07	29 2014
Signature		

PAGE

16

OF

Schedule E)	NI EXI END	TOTILO		PAGE 17 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Damian B Robinson			07	07 2014
Mailing Address 701 Green Mountain Dr			Amount	
Apt 1312				
City	State AR	Zip Code	Transaction	45.00
Little Rock	AK	72211		n ID: e31d827e-a670-43fe-b bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, 1	84282.88	Disbursement For: 2014 Other (Primary
Full Name of Payee			Date of Pul	olic Distribution/Dissemination
Damian B Robinson			07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 701 Green Mountain Dr			Amount	
Apt 1312			Amount	
City	State	Zip Code		2.10
Little Rock	AR	72211		ID: 820a35d7-adb0-4f79-8 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7-1-1-7	184282.88	Disbursement For: 2014 Other (Primary
-				
(a) SUBTOTAL of Itemized Independent Expenditu	ires		>	47.10
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	2 1 2 2 1 2 2 1
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candiparty committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 / D	
3.9				

Schedule E)	IN EXILINE	TI OTILO	PAGE 18 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			07 09 7 2014
0277117110011001			Amount
City	State	Zip Code	75.00
New Orleans	LA	70116	Transaction ID: 20f64a7a-339a-4e92-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75676.29	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tammay Williams			07 09 7 2014
Mailing Address 924 N. Prieur St			Amount
City	State	Zip Code	12.00
New Orleans	LA	70116	Transaction ID : f1b0305d-677b-4e5d-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 09 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75676.29	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		▶ 87.00
(b) SUBTOTAL of Uniternized Independent Exper	nditures		
(b) SOBTOTAL OF STITLETHIZED INDEPENDENT EXPER	iditulos		7 7
(c) TOTAL Independent Expenditures			
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	te of Public Distribution/Dissemination
Jon Linch	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6108 Harkins Ave	nount
City State Zip Code	90.00
Little Rock AR 72210 Tra	ansaction ID : f901b2ca-79a4-4b7a-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr Mark I Pryor	sident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	1
Full Name of Payee Da	Other (specify)
Jon Linch	tte of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6108 Harkins Ave	nount
City State Zip Code	67.50
	nsaction ID: dc5df198-aab1-410b-a tte of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 26 / 2014
Name of Federal Candidate Support Office Soci	ught: House District: 00
Mr. Mark L Pryor Oppose Pres	sident State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	157.50
(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ D D / Y Y Y Y Y Y 29 2014
Signature	

PAGE 19

OF

Schedule E)	IDENT EXTEND	TI OTILO	PAGE 20 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	ort New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jon Linch			06 / 18 / 2014
Mailing Address 6108 Harkins Ave			Amount
City	State	Zip Code	80.00
Little Rock	AR	72210	Transaction ID : bc43a5ff-ebc4-4a90-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jon Linch			06 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6108 Harkins Ave			Amount
City	State	Zip Code	20.00
Little Rock	AR	72210	Transaction ID : 41562ba4-86b5-42bc-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		. ▶ 100.00
(b) SUBTOTAL of Unitemized Independent E	expenditures		•
(c) TOTAL Independent Expenditures			
	candidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07
o.ga.a. o			

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Earl Stewart	06 16 2014
	Mailing Address 9455 Snow Camp Road	Amount
	City State Zip Code	80.00
	Snowcamp NC 27349	Transaction ID: 975f4e4d-08af-41aa-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	06 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	07040 00	ursement For: Primary X General
	Per Election for Office Sought 37913.89 2014	Other (specify)
	Full Name of Payee Earl Stewart	Date of Public Distribution/Dissemination
	Mailing Address 9455 Snow Camp Road	06 18 2014
	o loo ollow damp iteda	Amount
	City State Zip Code	80.00
	Snowcamp NC 27349	Transaction ID: af4e6311-08ad-41c5-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	06 18 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	160.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 1 4 1 4 1
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	[El-+:)7 29 2014
	Signature Date O	2017

PAGE 21

OF

Schedule E	i)	INI EXPEND	TONES		PAGE 22 OF 134 FOR SE OF FORM 24/48
NAME OF CO	MMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women S	Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name				Date of	Public Distribution/Dissemination
Earl St	ewart			M 0	
Mailing Ad	dress 9455 Snow Camp Road			Amount	2014
Oit.		Otata	Zia Cada		40.50
City Snowcam	р	State NC	Zip Code 27349		10.50 ction ID : cda52d24-5cb9-4577-b Disbursement or Obligation
Purpose o Mileage	f Expenditure		Category/ Type 002	М	
Name of F	Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark	_ Pryor		X Oppose	Presiden	t Senate State: AR
	dar Year-To-Date Election for Office Sought	-	37913.89	Disbursement I 2014 Oth	For: Primary
Full Name		<u> </u>		Date of	Public Distribution/Dissemination
Earl St	ewart			O	6 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Ad	Idress 9455 Snow Camp Road			Amount	
City		State	Zip Code		80.00
Snowcam	•	NC	27349		tion ID : 3ff5781d-d647-481b-8 Disbursement or Obligation
Purpose of Salary	f Expenditure		Category/ Type 001	M 0	
Name of I	Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark	L Pryor		X Oppose	Presiden	
	ndar Year-To-Date Election for Office Sought	-	37913.89	Disbursement 2014 Oth	For:
(-) OUDTO	TALL of the circuit to decrease death Free and the				20.50
(a) SUBTO	TAL of Itemized Independent Expendit	ures		• -	90.50
(b) SUBTO	TAL of Unitemized Independent Expen	ditures		·· •	7.1.7.1.4.1
(c) TOTAL	Independent Expenditures			· •	4 4
with, or at t	alty of perjury I certify that the indeper he request or suggestion of, any cand hittee) any political party committee or i	idate or authorize			
Signatur	Ms. Emily Buchanan	[Electron	nically Filed] Date		29 / 2014

Schedule E)	II EXI ENE	TIONES		PAGE 23 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Earl Stewart			M M /	19 / 2014
Mailing Address 9455 Snow Camp Road			Amount	
City	State	Zip Code		9.00
Snowcamp	NC	27349		: 8a4c92fb-4b93-4bdf-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	19 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	37913.89	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Earl Stewart			M M /	21 / 2014
Mailing Address 9455 Snow Camp Road			Amount	
City	State	Zip Code		80.00
Snowcamp	NC	27349		: 680d5aec-2ad3-469e-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 06 /	21 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	37913.89	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es			89.00
			7	7
(b) SUBTOTAL of Unitemized Independent Expend	itures)	7
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 / 29	2014
- 9				

Schedule E)	IN EXICIN	DITORLO	PAGE 24 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Earl Stewart			06 / 22 / 2014
Mailing Address 9455 Snow Camp Road			Amount
City	State	Zip Code	60.00
Snowcamp	NC	27349	Transaction ID : fedd83db-8fb4-479b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 22 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Earl Stewart			06 25 2014
Mailing Address 9455 Snow Camp Road			Amount
City	State	Zip Code	70.00
Snowcamp	NC	27349	Transaction ID : a86623e5-bb53-429c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 25 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 130.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			
	idate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 29 7 2014
3			

Schedule E)	T EXI EITE	THORIES	PAGE 25 OF 134 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	V
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	า
Earl Stewart			06 25 Y 2014	Y
Mailing Address 9455 Snow Camp Road			Amount	
City	State	Zip Code	9.00	0
Snowcamp	NC	27349	Transaction ID: 10c3ff71-18ce-4ad1-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	06 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00)
Mr. Mark L Pryor		X Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	7 7	37913.89	Disbursement For: Primary	ral
Full Name of Payee			Date of Public Distribution/Dissemination	n
Earl Stewart			06 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 9455 Snow Camp Road			Amount	
City	State	Zip Code	70.00	П
Snowcamp	NC	27349	Transaction ID : f341f2c9-06b0-4865-8 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	06 / 26 / Y 2014	Y
Name of Federal Candidate		Support	Office Sought: House District: 00)
Mr. Mark L Pryor		Oppose	President X Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	7	37913.89	Disbursement For:	eral
(a) SUBTOTAL of Itemized Independent Expenditure	res		79.00	
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

	modulo L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Earl Stewart	06 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 9455 Snow Camp Road	Amount
ŀ	City State Zip Code	9.00
١	Snowcamp NC 27349	Transaction ID: 5409872d-3fbc-4525-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M 06 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu	rrsement For: Primary X General
ļ		Other (specify) -
	Full Name of Payee Earl Stewart	Date of Public Distribution/Dissemination
١	Mailing Address 9455 Snow Camp Road	06 27 2014
١	5 9433 Gliow Camp Road	Amount
ı	City State Zip Code	80.00
	Snowcamp NC 27349	Transaction ID : 4b91bb6a-0544-4d6b-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	06 27 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
_		Other (specify) •
((a) SUBTOTAL of Itemized Independent Expenditures	89.00
((b) SUBTOTAL of Unitemized Independent Expenditures	
((c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	7 29 2014
	Signature	2017

PAGE 26

OF

Schedule E)	DENT EXTENT	JII OI LE	PAGE 27 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	rt New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sarah Nugent			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2 White Oak Court			Amount
City	State	Zip Code	20.00
Searcy	AR	72143	Transaction ID: 0952a339-8501-43de-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	37913.89	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sarah Nugent			07 12 2014
Mailing Address 2 White Oak Court			Amount
City	State	Zip Code	2.70
Searcy	AR	72143	Transaction ID : 5be0dee1-386c-4f71-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 12 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		. ▶ 22.70
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		. •
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 29 / 2014
- 9			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
William Danna	06 26 2014
Mailing Address 6517 Spicewood Street	Amount
City State Zip Code	30.00
Wilmington NC 28405	Transaction ID : 9dbbcae9-68c2-4c7d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 26 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought Dist 201	
Full Name of Page	Other (specify)
Full Name of Payee William Danna	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6517 Spicewood Street	06262014Amount
City State Zip Code	8.70
Wilmington NC 28405	Transaction ID : bee6d38a-ec16-4bdd-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 26 / 2014
Name of Federal Candidate Support Offi	ce Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	38.70
(b) SUBTOTAL of Unitemized Independent Expenditures	117117110
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not newith, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 29 2014
Signature	

PAGE

28

OF

Schedule E)	II EXI END	TIONES	-	PAGE 29 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee William Danna			Date of Public	Distribution/Dissemination
Mailing Address 6517 Spicewood Street			06 Amount	29 2014
City	State	Zip Code		50.00
Wilmington	NC	28405	l l	: e0a26887-203b-4057-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	29 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	7 7	37913.89	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Erika Burfield			M M / / 06	25 2014
Mailing Address 2939 Country Club Drive			Amount	
City	State	Zip Code		37.50
Hampstead	NC	28443		: f9e93a6c-52bc-49b9-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / / 06	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	37913.89	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expenditur	es			87.50
			7	
(b) SUBTOTAL of Unitemized Independent Expendi	tures		•	
(c) TOTAL Independent Expenditures			>	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 29	2014
olyllatule				

Schedule E)	LIVI EXI EN	DITORILO	PAGE 30 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Joel Greco			06 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 318 Gaskins Lane			Amount
City	State	Zip Code	10.00
Wilmington	NC	28411	Transaction ID : 39ecd64c-d9b0-40e4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursement For: Primary General
Full Name of Payee			Date of Public Distribution/Dissemination
Joel Greco			06 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 318 Gaskins Lane			Amount
City	State	Zip Code	1.20
Wilmington	NC	28411	Transaction ID : 5513ffb9-3f6a-4302-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 25 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	litures		11.20
, ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		>
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
J			

Schedule E)		PAGE 31 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee Mr. Matthew Fouty		Date of Public Distribution/Dissemination
Mailing Address 110 Pebblestone Ct.		06 14 2014 Amount
City State Z	ip Code	60.00
King NC 2	7021	Transaction ID : 0d3ace42-9326-4c50-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	06 14 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbu 1282.88 2014	ursement For:
Full Name of Payee	·	Date of Public Distribution/Dissemination
Mr. Matthew Fouty		06 14 2014
Mailing Address 110 Pebblestone Ct.		
		Amount
City State Z	ip Code	7.80
	27021	Transaction ID: ebe493fd-c93a-41d4-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	184282.88 Disbo	ursement For: Primary General Other (specify) ▶
	·	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	67.80
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronica	11 17*1 17	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Schedule E)	ENT EXICITE	TIONES	<u> </u>	AGE 32 OF 134 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
Mr. Matthew Fouty			06	20 / 2014
Mailing Address 110 Pebblestone Ct.			Amount	
City	State	Zip Code		30.00
King	NC	27021		9535ac67-7c0d-4389-8 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / 06	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	istribution/Dissemination
Mr. Matthew Fouty			M M / 06	20 / 2014
Mailing Address 110 Pebblestone Ct.			Amount	
City	State	Zip Code		3.90
King	NC	27021		fe 7e1c9b-a690-4361-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: 2014 Other (speci	Primary X General fy) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		•	33.90
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	492
(c) TOTAL Independent Expenditures			•	42
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 29	2014
-				

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Mr. Matthew Fouty	06 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Pebblestone Ct.	nount
City State Zip Code	40.00
King NC 27021 Tra	ansaction ID : a0a1332c-12cf-4b27-a ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 25 / 2014
Name of Federal Candidate Support Office Soil	ought: House District: 00
Mc Kay Hagan	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	
Full Name of Payer	Other (specify)
Full Name of Payee Mr. Matthew Fouty	ate of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Pebblestone Ct.	06 25 2014 mount
City State Zip Code	8.40
	insaction ID: 4609775a-c66e-4345-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	06 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Kay Hagan Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	48.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	29 2014
Signature	

PAGE 33

OF

Schedule E)	PENT EXICITE	TI OILO	PAGE 34 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brennan McAndrews			06 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44188 South Baptist RD			Amount
City	State	Zip Code	20.00
Hammond	LA	70403	Transaction ID: 47f1f320-38c6-4dad-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	75676.29	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Brennan McAndrews			06 24 2014
Mailing Address 44188 South Baptist RD			Amount
City	State	Zip Code	40.00
Hammond	LA	70403	Transaction ID : a3edb18e-c2cf-4195-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 24 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75676.29	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		60.00
			7 7 7 7
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 29 7 2014
•			

Schedule E)	IN EXILIE	TIONES	PAGE 35 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Brennan McAndrews			06 / 09 / 2014
Mailing Address 44188 South Baptist RD			Amount
City	State	Zip Code	25.00
Hammond	LA	70403	Transaction ID : 1f944fb8-ec39-4e49-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 09 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75676.29	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Brennan McAndrews			07 17 2014
Mailing Address 44188 South Baptist RD			Amount
City	State	Zip Code	20.00
Hammond	LA	70403	Transaction ID : c9a3812b-63a6-45bf-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	75676.29	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		45.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			•
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3. 3			

Schedule E)	POITI OF INDEPEN	JENT EXTEND	HONES		PAGE 36 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTI					FEC IDENTIFICATION NUMBER ▼
Women Speak	COUT PAC				C C00530766
Check if 24-hour	report X 48-hour report	New rep	oort Amends repo		M / D D / Y Y Y Y Y
Full Name of Paye				Date o	of Public Distribution/Dissemination
Brennan Mo					07
Mailing Address 2	44188 South Baptist RD			Amour	nt
City		State	Zip Code	-	6.00
Hammond		LA	70403		action ID : aeaf2487-65f4-41c1-b of Disbursement or Obligation
Purpose of Expen Mileage	diture		Category/ Type 002	M	07 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal	Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landr	ieu		X Oppose	Preside	ent Senate State: LA
Calendar Yea Per Election	r-To-Date for Office Sought		75676.29	Disbursement 2014 Ot	t For: Primary X General
Full Name of Pay				Date of	of Public Distribution/Dissemination
Mr. Matthew	Fouly			M	06 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address	110 Pebblestone Ct.			Amou	nt
City		State	Zip Code	— I	50.00
King		NC	27021		ction ID: a4f062ba-195f-4368-b of Disbursement or Obligation
Purpose of Exper Salary	nditure		Category/ Type 001		06 17 / Y Y Y Y Y
Name of Federal	Candidate		Support	Office Sough	t: House District:00
Ms. Kay Hagan			Oppose	Preside	
Calendar Yea Per Election	ar-To-Date for Office Sought	.,.,	184282.88	Disbursement 2014 O	t For:
(a) SUBTOTAL of	Itemized Independent Exper	nditures			56.00
					7 7
(b) SUBTOTAL of	Unitemized Independent Exp	oenditures		· •	4 4
(c) TOTAL Indepen	ndent Expenditures			•	711717
with, or at the requ		andidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. Er	nily Buchanan	[Electron	nically Filed] Date	9 07	29 / 2014
-					

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 37 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Matthew Fouty			06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Pebblestone Ct.			Amount
City	State	Zip Code	7.80
King	NC	27021	Transaction ID: 5f8df5b6-8ad4-4022-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	184282.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Matthew Fouty			06 19 2014
Mailing Address 110 Pebblestone Ct.			Amount
City	State	Zip Code	20.00
King	NC	27021	Transaction ID: 73554850-4598-40fb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen-	ditures		27.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			-
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07
J			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mr. Matthew Fouty	06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 110 Pebblestone Ct.	Amount
	City State Zip Code	4.50
	King NC 27021	Transaction ID: 29463595-6730-4b6c-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary X General
	Per Election for Office Sought	Other (specify)
	Full Name of Payee James W Blevins	Date of Public Distribution/Dissemination
	Mailing Address 108 East Clinton St	07 12 2014
	PO Box 410	Amount
	City State Zip Code	27.50
	Salemburg NC 28385	Transaction ID: e1ec2f51-0f91-44f8-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	32.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	
	Signature	المنتقدا التاا

PAGE 38

OF

Schedule E)	PAGE 39 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amer	nds report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
James W Blevins	07
Mailing Address 108 East Clinton St	Amount
PO Box 410	
City State Zip Code	5.82
Salemburg NC 28385	Transaction ID: e9184f37-5799-40a5-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	pport Office Sought: House District: 00
Ma Kasallanan	pose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Antoinette Franklin	07
Mailing Address 8822 Apple St	Amount
City State Zip Code	25.00
New Orleans LA 70188	Transaction ID: 34029dd6-37c6-4de8-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 07 D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	pport Office Sought: House District: 00
	pose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 184282.88	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	30.82
(a) CODICIAL OF ROMEON MACPORAGIN EXPONANTION	30.02
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herei with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 07 29 2014

Sch	nedule E)	-/XI haithe.	101120		PAGE 40 OF 134 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee Antoinette Franklin			Date	e of Public Distribution/Dissemination
	Mailing Address 8822 Apple St			[07 20 / 2014
	3 VAVA OOZZ Apple St			Amo	ount
	City Sta	ate	Zip Code		45.00
L		.A	70188		nsaction ID: 3859415f-1475-43d8-9 e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		07 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Kay Hagan		X Oppose	Presid	ident State: NC
	Calendar Year-To-Date Per Election for Office Sought	1	84282.88	Disburseme	ent For: Primary
Г	Full Name of Payee			Date	e of Public Distribution/Dissemination
1	Antoinette Franklin				07 19 2014
ŀ	Mailing Address 8822 Apple St				07 10 2014
1				Amo	ount
ŀ	City	ate	Zip Code		40.00
		_A	70188	Trans Date	saction ID : 5af02fac-c6b4-4ecc-a e of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type 001		M 07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Soug	ght: House District: 00
	Ms. Kay Hagan		X Oppose	Presi	ident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	,	184282.88	Disburseme 2014	ent For:
	CURTOTAL of hamiltonia ladan and an Europalitura				25.00
(8	 substant of Itemized Independent Expenditures 	•••••		· •	85.00
(k	b) SUBTOTAL of Unitemized Independent Expenditures			·· •	7 7
(0	e) TOTAL Independent Expenditures			· •	7 1 7 1 7
W	nder penalty of perjury I certify that the independent eith, or at the request or suggestion of, any candidate or arty committee) any political party committee or its ager	r authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	e 07	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature		_		

Schedule E)	11011.011.20	PAGE 41 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report fil	led on Man / Dad / Yayayay
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St		07 16 2014
		Amount
City State	Zip Code	65.00
New Orleans LA	70188	Transaction ID: 937f4287-55c5-4e0b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	184282.88 Dis	sbursement For: Primary X General Other (specify) ▶
Full Name of Payee	,	Date of Public Distribution/Dissemination
Antoinette Franklin		M M / D D / Y Y Y Y
Mailing Address 8822 Apple St		07 15 2014
oozz Appie St		Amount
City State	Zip Code	40.00
New Orleans LA	70188	Transaction ID : f7c1924a-3f56-4baf-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 15 / Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	Oppose [President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	·····	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.		
	ctronically Filed] Date	07 29 2014
Signature		

Schedule E)		PAGE 42 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St		07 14 2014
Walling Address 8822 Apple St		Amount
City State	e Zip Code	65.00
New Orleans LA	70188	Transaction ID : 11327913-f85c-4685-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / D D / Y Y Y Y Y Y 14 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Dis 184282.88 201	bursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Amelia Brackett		07 17 2014
Mailing Address 804 Roundabout Circle		
		Amount
City State	e Zip Code	80.00
Searcy AR	72143	Transaction ID : 31a64ace-0770-4083-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 17 / Y 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	37913.89 Dis 20°	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	145.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	07 29 2014
Signature		

Schedule E)	IVI EXI EIVE	TIONES	-	PAGE 43 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Amelia Brackett				Distribution/Dissemination
Mailing Address 804 Roundabout Circle			07	17 / 2014
			Amount	
City	State	Zip Code		83.40
Searcy	AR	72143	l l	: 1143c64f-3f8a-4332-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	37913.89	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Robin L Bennett			07	20 / 2014
Mailing Address 3505 Beaumont St			Amount	
Apt 13D				
City Neosho	State MO	Zip Code 64850	Transaction ID	25.00 : e61bedeb-c7c4-4bc5-a
Purpose of Expenditure				sement or Obligation
Salary		Category/ Type 001	07	20 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	37913.89	Disbursement For: 2014 Other (spe	Primary
(a) CURTOTAL of Itamized Independent Evenedit				100.40
(a) SUBTOTAL of Itemized Independent Expenditu	ires		7	108.40
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>	7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 29	2014

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Petrina Williams	07
	Mailing Address 3007 Darden Rd	Amount
	City State Zip Code	50.00
	Greensboro NC 27407	Transaction ID : a6c0de7c-a1d6-45a7-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 184282.88 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Petrina Williams	Date of Public Distribution/Dissemination
	Mailing Address 3007 Darden Rd	07 22 2013 Amount
	City State Zip Code	15.90
	Greensboro NC 27407	Transaction ID : 1ea8bc01-27d7-46d3-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 22 / 2013
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	65.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) (1) 7:1 17)7 29 2014
	Signature	

PAGE 44

OF

	· · · · · ·	FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC	C C00530766
Chec	k if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
F	ull Name of Payee Nathan Smith	Date of Public Distribution/Dissemination
Ľ	Nathan Smith	07 17 2014
N	Mailing Address 1247 W Mt Comfort Rd	Amount
С	State Zip Code	36.70
	Fayatteville AR 72703	Transaction ID: c8592677-3f30-4426-9 Date of Disbursement or Obligation
	curpose of Expenditure Salary Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate Support Office	Sought: House District: 00
N	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For: Primary X General Other (specify) ▶
	iull Name of Payee Nathan Smith	Date of Public Distribution/Dissemination M
	Mailing Address 1247 W Mt Comfort Rd	Amount
C	City State Zip Code	4.50
L	7	Transaction ID: b82963fe-ce32-45ed-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07
Ν	lame of Federal Candidate Support Office	Sought: House District: 00
N	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary X General Other (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	41.20
(b)	SUBTOTAL of Unitemized Independent Expenditures	
(c)	TOTAL Independent Expenditures	7
wit	der penalty of perjury I certify that the independent expenditures reported herein were not ma h, or at the request or suggestion of, any candidate or authorized committee or agent of either rty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	7 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE 45

OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour rep	port New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Nathan Smith				07 08 2014
Mailing Address 1247 W Mt Comfort Rd			Amo	unt
City	State	Zip Code	—г	21.60
Fayatteville	AR	72703		saction ID : be1789fd-cc88-4000-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 08 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disburseme 2014	nt For:
Full Name of Payee				of Public Distribution/Dissemination
Nathan Smith				07 / 08 / 2014
Mailing Address 1247 W Mt Comfort Rd			Amo	للنبا لنا لن
City	State	Zip Code	— r	6.60
Fayatteville	AR	72703		action ID: 14c66c04-52f8-455d-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 08 7 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	dent State: AR
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disburseme 2014	nt For:
(a) SUBTOTAL of Itemized Independent Ex	penditures		•	28.20
(b) SUBTOTAL of Unitemized Independent	Expenditures		· -	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M M /	29 2014
Signature				

PAGE

46

OF

Schedule E)	JENT EXTEND	TIONES	PAGE 47 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sean Hicks			07
Mailing Address 44 McDowell Drive			Amount
City	State	Zip Code	50.00
Wake Forest	NC	27587	Transaction ID : 3d49a067-b426-4681-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 20 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	184282.88	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Sean Hicks			07 20 / Y Y Y Y Y Y
Mailing Address 44 McDowell Drive			Amount
City	State	Zip Code	6.00
Wake Forest	NC	27587	Transaction ID : 8e544767-f7ea-4929-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 20 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		56.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		•
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 29 / 2014
•			

So	chedule E)	LXI LIIDI	ITOILO				PAGE 48 FOR SE OF I	OF 134
V/	AME OF COMMITTEE (In Full)							N NUMBER ▼
۷	Vomen Speak Out PAC						00530766	
Ch	neck if 24-hour report X 48-hour report	New repo	ort Amen	nds repor		M /	D = D /	Y
	Full Name of Payee Amiracle R Ross					M /	D D /	Dissemination
	Mailing Address 3411 Asher Ave				Amou	07 nt	19	2014
	City	State	Zip Code					40.00
	Little Rock	AR	72204				: e6966f8b- sement or Ol	d5ce-47f5-9
	Purpose of Expenditure Salary		Category/ Type	001	М	07 /	19	2014
	Name of Federal Candidate		Sup	pport	Office Sough	t:	House D	District:00
	Mr. Mark L Pryor			pose	Preside	President Senate State: AR		
	Calendar Year-To-Date Per Election for Office Sought		37913.89		Disbursemen 2014 O	t For:	Primary cify) ▶	X General
	Full Name of Payee				Date	of Public	Distribution/[Dissemination
	Amiracle R Ross				IV	07 /	19	2014
	Mailing Address 3411 Asher Ave				Amou	nt		
	City	State	Zip Code		TL:	1 (0)		18.60
	Little Rock Purpose of Expenditure	AR	72204				: 04eaa8fd-b sement or O	
	Mileage		Category/ Type	002	TV	07	19	2014
	Name of Federal Candidate		Su	ipport	Office Sough	t:	House [District: 00
	Mr. Mark L Pryor		X Op	ppose	Preside	ent X	Senate	State: AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	37913.89		Disbursemen 2014 O	t For: ther (spe	Primary cify) ▶	X General
	(a) SUBTOTAL of Itemized Independent Expenditures	s			,			58.60
	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			. —	1 1		
							7	
	(c) TOTAL Independent Expenditures				•	-7-	7	
	Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized						
	Ms. Emily Buchanan Signature	[Electron	ically Filed]	Date	M M /	29	2014	
	Oignaturo							

,		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	D	ate of Public Distribution/Dissemination
Rodney O Culbreath		07 07 2014
Mailing Address 100 Asbury Ct	A	mount
City	ate Zip Code	80.00
Winchester		ransaction ID: 09510692-ea7a-4996-9 late of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan		esident State: NC
Calendar Year-To-Date Per Election for Office Sought	184282.88 Disburse 2014	ement For:
Full Name of Payee Rodney O Culbreath Mailing Address 100 Asbury Ct		Date of Public Distribution/Dissemination M M 7 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	ate Zip Code	80.00
Winchester		ansaction ID: 03c2ab9b-9415-4317-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ 001	07 08 2014
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Kay Hagan	Oppose Pr	resident State: NC
Calendar Year-To-Date Per Election for Office Sought	184282.88 Disburse 2014	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	7 7 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	r authorized committee or agent of either, o	
Ms. Emily Buchanan Signature	[Electronically Filed] Date 07	29 2014
Oignature		

PAGE 49

OF

Schedule E)		1101120		PAGE 50 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Rodney O Culbreath	<u>'</u>		Date of Pub	lic Distribution/Dissemination
Mailing Address 100 Asbury Ct			O7	09 2014
				00.00
City Winchester	State VA	Zip Code 22602		80.00 ID: 14ed86eb-2cb3-4a20-9 bursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disc.	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	184282.88	Disbursement For: 2014 Other (s	Primary
Full Name of Payee Rodney O Culbreath			Date of Pub	lic Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		80.00
Winchester Durage of Evapoliture	VA	22602		ID: 677e7335-5f3c-4aa0-9 oursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 ^M	10 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	- T	184282.88	Disbursement For: 2014 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ures)	160.00
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>	4
(c) TOTAL Independent Expenditures			>	7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	idate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	07 / 29	2014
Signature				

NAME OF COMMITTEE (In Full)	
Managara On a all Out DAO	FICATION NUMBER ▼
Women Speak Out PAC C cooss	30766
Check if 24-hour report X 48-hour report New report Amends report filed on	D / Y = Y = Y
Rodney O Culbreath	
Mailing Address 100 Asbury Ct Amount	11 2014
City. Code	00.00
City State Zip Code Winchester VA 22602 Transaction ID : ae Date of Disburseme	80.00 edc4130-b7ab-4b26-a
Purpose of Expenditure Category/	
Name of Federal Candidate Support Office Sought: Ho	use District: 00
Mc Kay Hagan	nate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 184282.88 Disbursement For: Other (specify)	Primary Seneral
Rodney O Culbreath	ribution/Dissemination
Mailing Address 100 Asbury Ct Amount	12 2014
City State Zip Code	80.00
Winchester VA 22602 Transaction ID : e8c Date of Disbursement	dadb25-28bf-45fd-9
	12 / 2014
Name of Federal Candidate Support Office Sought: Ho	ouse District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (specify)	Primary X General ▶
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, or with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07 29	2014

Schedule E)	LXI LIIDI	TOTILO		PAGE 52 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Rodney O Culbreath				of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amor	07 15 2014 unt
City	tata	7in Codo		90.00
1 '	tate VA	Zip Code 22602		80.00 saction ID: 09e8d15d-bfb5-4b2e-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 / 15 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	NO.
Calendar Year-To-Date Per Election for Office Sought	1	84282.88	Disburseme 2014	nt For:
Full Name of Payee Rodney O Culbreath			Date	of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct			Amo	07 16 2014 unt
City	tate	Zip Code		80.00
1 '	VA	22602		action ID: d6d7b023-1f50-4ed8-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001] [07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disburseme 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	S			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
				7 7
(c) TOTAL Independent Expenditures			· .	7 7 7
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	07	29 / 2014
Signaturo				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report f	illed on
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney O Culbreath	07
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	80.00
Winchester VA 22602	Transaction ID : 05f0677d-4c9a-4cfc-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Odiolidai icai lo Dato	isbursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney O Culbreath	07 18 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	80.00
Winchester VA 22602	Transaction ID : 7da6f1c6-f50a-4fe5-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support C	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	on the displacement in th
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 29 2014
Signature	

PAGE

53

OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney O Culbreath	07
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	60.00
Winchester VA 22602	Transaction ID : 3d463fee-ae3c-4a3c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
Full Name of Payee	
Rodney O Culbreath	Date of Public Distribution/Dissemination 07 07 07 07 07 07
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	60.00
Winchester VA 22602	Transaction ID : a35d029b-b2d6-47e4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 201:	oursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 29 2014
Signature	

PAGE

OF

Schedule E)	PAGE 55 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Rodney D Culbreth	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
3200 Dam Neck Rd	
City State Zip Code Winchester VA 22602	60.00 Transaction ID : 08f7eaac-f5d6-4b66-b
	Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 07 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement For: Primary
	Date of Public Distribution/Dissemination
Rodney D Culbreth	07 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury CT	Amount
3200 Dam Neck Rd	
City State Zip Code	60.00
	ransaction ID: 4492edfe-334d-48a5-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 08 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Kay Hagan	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	29 2014
o.g. island	

	modulo L)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report filed		= M	/ D = D /	Y = Y = Y = Y
Т	Full Name of Payee	Date o	of Pub	olic Distribution	[/] Dissemination
	Rodney D Culbreth		07 ^M	09	2014
	Mailing Address 100 Asbury CT 3200 Dam Neck Rd	Amour	nt		
ŀ	City State Zip Code	Γ.			60.00
	Winchester VA 22602			n ID : 30c7a7c5 bursement or 0	5-55b5-48cf-a
	Purpose of Expenditure Salary Category/ Type 001		07 M	/ 09 /	2014
ŀ	Name of Federal Candidate Support Office	e Sought	t:	House	District:00
	Ms. Kay Hagan Oppose	Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			,	General
-				specify)	
	Full Name of Payee Rodney D Culbreth		I = М	olic Distribution	Y Y Y Y Y Y
	Mailing Address 100 Asbury CT		07	10	2014
	3200 Dam Neck Rd	Amou	nt		
Î	City State Zip Code				60.00
	Winchester VA 22602	Transa Date of	ction of Disl	ID : 777a248f- bursement or 0	939a-4609-8 Obligation
	Purpose of Expenditure Salary Category/ Type 001	М	07 ^M	10	2014
ľ	Name of Federal Candidate Support Office	e Sough	t:	House	District: 00
		Preside		X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014			Primary	/ X General
_	(a) SUBTOTAL of Itemized Independent Expenditures			. ,,	120.00
((b) SUBTOTAL of Unitemized Independent Expenditures			7	
((c) TOTAL Independent Expenditures			7	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date 0	M /	29		Y Y Y
_	Signature				
				1	1

PAGE 56

OF

Schedule E)	PAGE 57 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
	olic Distribution/Dissemination
Rodney D Culbreth	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury CT	
3200 Dam Neck Rd	
City State Zip Code	60.00
Date of Disl	h ID: 7ff34660-d806-4980-9 bursement or Obligation
Purpose of Expenditure Salary Category/ Type 001 07	11 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan Oppose President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (s	Primary
	olic Distribution/Dissemination
Rodney D Culbreth	14 2014
Mailing Address 100 Asbury CT Amount	
3200 Dam Neck Rd	
	70.00 ID : 544f895f-0736-41b2-9
Purpose of Expenditure Salary Category/ Type 001 07	bursement or Obligation / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2014 Other (Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07 29	

Schedule E)	PAGE 58 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	i on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury CT	Amount
3200 Dam Neck Rd	
City State Zip Code	70.00
Winchester VA 22602	Transaction ID: ebc6940b-9a1b-4a0b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	07 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury CT	Amount
3200 Dam Neck Rd	
City State Zip Code Winchester VA 22602	80.00 Transaction ID : cd5fcbcc-008e-4d9c-9
Purpose of Expenditure	Date of Disbursement or Obligation
Salary Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General 4 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Buto	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)		PAGE 59 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury CT		07 17 2014 Amount
3200 Dam Neck Rd		
City State Winchester VA	Zip Code 22602	80.00 Transaction ID: 8f809f14-7bf7-442a-a Date of Dishursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		te Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	184282.88 Disb 2014	oursement For: Primary General Other (specify) ▶
Full Name of Payee Rodney D Culbreth		Date of Public Distribution/Dissemination 07 07 07 07 07 07 07 07 07
Mailing Address 100 Asbury CT		Amount
3200 Dam Neck Rd	* 0.4.	20.00
City State Winchester VA	Zip Code 22602	Transaction ID : 99201ecb-e9ee-45fe-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 18 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	184282.88 Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	•	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	Electronically Filed] Date	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	

Schedule E)	NI EXI END	TIONES	PAGE 60 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Rze Culbreath			07
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID : c1dd0bc7-fbdd-4341-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	184282.88	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Rze Culbreath			07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID: 1f715e05-093a-4a92-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	184282.88	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. • 140.00
			7 7 7
(b) SUBTOTAL of Unitermized Independent Expendent	ditures		· •
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 29 7 2014
- 3			

Schedule E)		PAGE 61 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct		07 16 / Y Y Y Y
100 Aspury Ct		Amount
City State	Zip Code	80.00
Winchester VA	22602	Transaction ID: 8dd54e76-4fe1-4079-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	184282.88 Disb 2014	ursement For: Primary General Other (specify)
Full Name of Payee Rze Culbreath		Date of Public Distribution/Dissemination
		07 17 2014
Mailing Address 100 Asbury Ct		Amount
City State	z Zip Code	80.00
Winchester VA	22602	Transaction ID : af19f9b4-c113-4e7e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 17 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	184282.88 Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	>	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.		
Ms. Emily Buchanan	[Electronically Filed] Date	07 29 2014
Signature		

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766			
	0 00000700			
Check if 24-hour report X 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
Rze Culbreath	07 18 2014			
Mailing Address 100 Asbury Ct	Amount			
City State Zip Code	50.00			
Winchester VA 22602	Transaction ID: 7f8158e6-8f64-48b7-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary Category/ Type 001	07 / 18 / 2014			
Name of Federal Candidate Support Of	fice Sought: House District: 00			
Ms. Kay Hagan Oppose	President State: NC			
Calendar Year-To-Date Per Election for Office Sought Display:	sbursement For: Primary ⊠ General Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
Rze Culbreath	07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 100 Asbury Ct	Amount			
City State Zip Code	60.00			
Winchester VA 22602	Transaction ID : 9727ec22-83de-452c-8 Date of Disbursement or Obligation			
Purpose of Expenditure Salary Category/ Type 001	07 / 19 / 2014			
Name of Federal Candidate Support Of	fice Sought: House District: 00			
Ms. Kay Hagan Oppose	President X Senate State: NC			
	sbursement For: Primary General Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	110.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.				
Ms. Emily Buchanan [Electronically Filed] Date	07 29 2014			
Signature				

Schedule E)	LIVI LXI LIVL	TIONES	PAGE 63 OF 134 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
Rze Culbreath			07 21 7 2014	
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code	60.00	
Winchester	VA	22602	Transaction ID: 6f8a8e92-fd93-4e78-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	07 21 / 2014	
Name of Federal Candidate		Support	Office Sought: House District:00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For:	
Full Name of Payee			Date of Public Distribution/Dissemination	
Jon E Conner			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code	60.00	
Winchester	VA	22602	Transaction ID : aa572c6d-6fdb-4f53-b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7 7	184282.88	Disbursement For: Primary General 2014 General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expe	enditures)	
(c) TOTAL Independent Expenditures			>	
	didate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political	
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07	
•				

FEC IDENTFICATION NUMBER ▼ C C00530766		ileduic Ly	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Jon E Conner State	۷V	omen Speak Out PAC	C C00530766
Mailing Address 100 Asbury Ct City State Zip Code Winchester VA 22602 Purpose of Expenditure Salary Calendar Year-To-Date Per Election for Office Sought Name of Pederal Candidate Mailing Address 100 Asbury Ct Category/ James Assumed State State State Sealary Winchester Sealary Calendar Year-To-Date Purpose of Expenditure Salary Name of Payee John E Conner Mailing Address 100 Asbury Ct Calendar Year-To-Date Purpose of Expenditure Salary Name of Payee John E Conner Name of Payee John E Conner Category/ John E Conner Category/ John E Conner Name of Payer John E Conner Salary Name of Payer John E Conner Category/ John E Conner Category/ John E Conner Category/ John E Conner Category/ John E Conner Salary Category/ John E Conner Category/ John E Conner Category/ John E Conner Category/ John E Conner Support Office Sought House District: 00 President Seanate State: NC Date of Public Distribution/Dissemination Transaction ID : 3767169-855-4763-b Date of Public Dis	Che	ck if 24-hour report X 48-hour report New report Amends report filed	
Mailing Address 100 Asbury Ct City State Zip Code Vinchester VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Support Office Sought: House District: 00 Ms. Kay Hagan Qippose President Senate State: NC Calendar Year-To-Date Purpose of Expenditure Support Office Sought: House District: 00 Ms. Kay Hagan Qippose President Senate State: NC Calendar Year-To-Date State: NC City State Zip Code Winchester VA 22602 Purpose of Expenditure Salary Category/ 001 O7 08 2014 Amount Transaction ID: 1369/3ca-3f12-2c31-b District O0 President Senate State: NC District Office Sought: House District: 00 O7 08 2014 Amount Amount City State Zip Code Winchester VA 22602 Purpose of Expenditure Salary Category/ 001 O7 08 2014 Amount Category/ O7 08 2014 Amount Category/ O7 08 2014	Т		Date of Public Distribution/Dissemination
City State Zip Code Winchester VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Poderal Candidate Winchester VA 22602 Transaction ID: (3eb3ea-81s2-4c31-b) Date of Disbursement or Obligation Office Sought: House District: 00 President Senate State: NC Disbursement For: Primary Ceneral Per Election for Office Sought Full Name of Poderal Candidate Winchester VA 22602 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Public Distribution/Dissemination Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b) Date of Disbursement or Obligation Office Sought: House District: 00 Transaction ID: 3767b/9e-8b5s-4763-b			
Winchester VA 22602 Furpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Caledar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary Full Name of Payee Jon E Conner Winchester VA 22602 Full Name of Payee Jon E Conner Mailing Address 100 Asbury Ct Amount City State VA 22602 Furpose of Expenditure Salary Name of Federal Candidate Support Name of Federal Candidate Name of Federal Candidate Support Office Sought Office Sou		Mailing Address 100 Asbury Ct	Amount
Winchester VA 22602 Furpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary Full Name of Payee Jon E Conner Winchester VA 22602 Full Name of Payee Jon E Conner Mailing Address 100 Asbury Ct City State VA 22602 Furpose of Expenditure Salary Name of Federal Candidate No Asbury Ct Amount Category/ Vippe Out Office Sought Full Name of Payee Jon E Conner Winchester VA 22602 Furpose of Expenditure Salary Name of Federal Candidate No Asbury Ct Name of Federal Candidate No Asbury Ct State VA 22602 Furpose of Expenditure Salary Name of Federal Candidate No Oppose President Senate State: NC Category/ Vippe Out Office Sought House District: Out Ms. Kay Hagan Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought I 144/28/2.88 Disbursement For: Primary General Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought I 144/28/2.88 Disbursement For: Primary Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought I 144/28/2.88 Disbursement For: Primary Oppose President Senate State: NC Other (specify) I Other	ŀ	City State Zip Code	60.00
Purpose of Expenditure Salary Category/ 19pe			Transaction ID : f3eb9aca-8fa2-4c31-b
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jon E Conner Mailing Address 100 Asbury Ct City State VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Purpose of Expenditure Salary Category/ Tiype Office Sought: House Distribution/Dissemination Office Sought: Name of Federal Candidate Ms. Kay Hagan Category/ Tiype Office Sought: House District: O Primary Senate State: NC Disbursement for: Primary Senate State: NC Disbursement For: Primary General Other (specify) ▶ Under penalty of perjury 1 certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan Electronically Filed Date Office		Salany Category/ 001	M - M / D - D / Y - Y - Y
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jon E Conner Mailing Address 100 Asbury Ct City State Zip Code Winchester VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan (Electronically Filed) Date of Public Distribution/Dissemination Date of Primary Ceneral Category/ 001 Transaction ID: 3767fd9e85a-47e3-b Date of Disbursement or Obligation Transaction ID: 3767fd9e85a-47e3-b Date of Disbursement or Disbursement or Obligation Transaction ID: 3767fd9e85a-47e3-b Date of Disbursement or Disbursemen	ľ	Name of Federal Candidate Support Office	Sought: House District:00
Per Election for Office Sought Full Name of Payee Jon E Conner Mailing Address 100 Asbury Ct City State Zip Code Winchester VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought		Me Veullemen	N
Full Name of Payee Jon E Conner Mailing Address 100 Asbury Ct City State Zip Code Winchester VA 22602 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Date of Public Distribution/Dissemination Amount Transaction ID: 3767bf9e-8b5a-4re3-b Date of Disbursement or Obligation Transaction ID: 3767bf9e-8b5a-4re3-b Date of Public District on Transaction ID: 3767bf9e-8b5a-4re3-b Date of Disbursement or Obligation Transaction ID: 3767bf9e-8b5a-4re3-b Date of Disbursement or Obligation Transaction ID: 3767bf9e-8b5a-4re3-b Date of Date		Calcillati Teat To Bate	
Mailing Address 100 Asbury Ct Amount	-	Full Name of Pavee	
Mailing Address 100 Asbury Ct City State Zip Code Winchester VA 22602 Transaction ID : 3767bf9e-8b5a-47e3-b Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Support Ms. Kay Hagan Name of Federal Candidate State: NC Disbursement For: Primary General Per Election for Office Sought 184282.88 Calendar Year-To-Date Per Election for Office Sought Amount Amoun			M = M / D = D / Y = Y = Y
Winchester VA 22602 Transaction ID: 3767b/9e-8b5a-47e3-b Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Category/ Type Office Sought: House District: OO President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 184282.88 Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Office Sought: House District: OO President Senate State: NC Other (specify) 120.00 Transaction ID: 3767b/9e-8b5a-47e3-b Date of Disbursement or Obligation To define the committee of sought: House District: OO OT define Sought: House District: OO OT define Sought: House District: OO President Senate State: NC Disbursement For: Primary General 2014 Other (specify) Identify of Other (specify) Date Other (specify)		Mailing Address 100 Asbury Ct	لىنى لنا لنا
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	-	City State Zip Code	60.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Category/ Type Office Sought: House District: 00 Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought 184282.88 Disbursement For: Primary General 2014 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Office Sought: House District: 00 Disbursement For: Primary General 2014 Other (specify) 120.00		Winchester VA 22602	Transaction ID: 3767bf9e-8b5a-47e3-b Date of Disbursement or Obligation
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC		Salary Odlegory 001	M M / D D / Y Y Y Y
Ms. Kay Hagan Calendar Year-To-Date President Senate State: NC		Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures		10,100,00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O7 29 2014	(a) SUBTOTAL of Itemized Independent Expenditures	120.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date Date Dat	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 07 29 2014	W	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
24.0		[El - to - ni - nilo Eil - 1]	
	_	Fallo	

PAGE 64

OF

Schedule E)	LIVI LXI LIVE	TIONES	PAGE 65 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID: 442d19d7-67ad-4ca8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,,	184282.88	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			07
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID : 694088e0-f420-4736-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		120.00
(b) CUPTOTAL of the bounded for an electrical	and Physics		
(b) SUBTOTAL of Unitemized Independent Expe	enaitures		•
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07
- 3			

Schedule E)	NDENT EXPEND	ITORES	PAGE 66 OF 134 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	_
Women Speak Out PAC			C C00530766]
Check if 24-hour report X 48-hour rep	ort New rep	ort Amends repo	rt filed on	Ī
Full Name of Payee			Date of Public Distribution/Dissemination	
Jon E Conner			07 12 7 2014	7
Mailing Address 100 Asbury Ct			Amount	Ī
City	State	Zip Code	30.00	٦
Winchester	VA	22602	Transaction ID: 8881aa77-313d-4ce0-8 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	_
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: ☐ Primary ☐ Genera 2014 ☐ Other (specify) ▶	ıl
Full Name of Payee			Date of Public Distribution/Dissemination	
Jon E Conner			07 14 2014	
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code	70.00	٦
Winchester	VA	22602	Transaction ID: 6b31b59b-4ec0-4f77-9 Date of Disbursement or Obligation	_
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	_
Calendar Year-To-Date Per Election for Office Sought	, ,	184282.88	Disbursement For: Primary Genera 2014 Genera Other (specify) ▶	al
(a) SUBTOTAL of Itemized Independent Exp	penditures		. • 100.00	7
(a) SOBTOTAL OF HOMEZON INDEPENDENT EX	orialiares		100.00	4
(b) SUBTOTAL of Unitemized Independent	Expenditures		. •	
(c) TOTAL Independent Expenditures			•	
	candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political	
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 29 / 2014	

Schedule E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766			
Check if 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayayay			
Full Name of Payee Jon E Conner	Date of Public Distribution/Dissemination			
	07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 100 Asbury Ct	Amount			
City State Zip Code	40.00			
Winchester VA 22602	Transaction ID: 8cd1aeaa-8efe-43e0-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary Category/ Type 001	07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office	Sought: House District: 00			
Ms. Kay Hagan Oppose	President Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary			
Full Name of Payee	Date of Public Distribution/Dissemination			
Jon E Conner	07 16 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 100 Asbury Ct	Amount			
City State Zip Code	70.00			
Winchester VA 22602	Transaction ID : 671df3f5-8a5a-42c1-b			
Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation M M M M M M M M M M M M M M M M M M M			
Name of Fodoral Condidate	0.11.			
Ms. Kay Hagan Support Office Oppose	President Senate State: NC			
Dist.	ursement For: Primary X General			
Calendar Year-To-Date Per Election for Office Sought 184282.88 DISOL 2014				
(a) SUBTOTAL of Itemized Independent Expenditures	110.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan [Electronically Filed] Date	7 29 2014			
Signature				

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Jon E Conner	07 17 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	70.00
Winchester VA 22602	Transaction ID : 527ba90a-41d7-407a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement For: Primary General
	Other (specify)
Full Name of Payee Jon E Conner	Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct	07 18 2014 Amount
City State Zip Code	50.00
	ransaction ID: 44cb4212-298d-494d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 18 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	29 2014
Signature	لحندا لحا ل

PAGE 68

OF

Schedule E)			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			
			C C00530766
Check if 24-hour report X 48-hour report	New r	eport Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			07 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct	_		Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID : 03418b13-1208-41db-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 19 2014
Name of Federal Candidate	_	Support Offi	ice Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Dis 184282.88 201	bursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Jon E Conner			07 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID : a46c0142-c8f9-4c88-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 21 / 2014
Name of Federal Candidate		Support Off	ice Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,	184282.88 Dis	bursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expendit	ures	·····	120.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures	·····	
(c) TOTAL Independent Expenditures		······································	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authoriz	•	
Ms. Emily Buchanan	[Electr	onically Filed] Date	07 29 2014
Signature			

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
William Danna	06 28 2014
Mailing Address 6517 Spicewood Street	Amount
City State Zip Code	30.00
Wilmington NC 28405	Transaction ID : 5732eb27-bc4d-4c21-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 28 2014
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 201	
F.II Name of Days	Other (specify)
Full Name of Payee William Danna	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6517 Spicewood Street	06 29 2014 Amount
City State Zip Code	50.00
Wilmington NC 28405	Transaction ID : 0f7f59f8-a984-4729-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	06 29 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 29 2014
Signature	

PAGE

70

OF

Sc	chedule E)	PAGE 71 OF 134 FOR SE OF FORM 24/48
NΑ	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	i on Mam / Dab / Yayayay
	Full Name of Payee William Danna	Date of Public Distribution/Dissemination
	Mailing Address 6517 Spicewood Street	06 26 2014 Amount
		, missing
	City State Zip Code Wilmington NC 28405	30.00 Transaction ID : 7bcac1e2-12f1-43fd-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement of Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
	Full Name of Payee	Date of Public Distribution/Dissemination
	Serena A Jones	07 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 7151 Mullins Drive	Amount
	City State Zip Code	100.00
	Saltville VA 24370	Transaction ID : 7ec80b4d-96eb-45f5-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 21 / 2014
		e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disb 201	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	130.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77)	07

Schedule E)	DEITI EXI EITD	HONES	PAGE 72 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Serena A Jones			07 21 2014
Mailing Address 7151 Mullins Drive			Amount
City	State	Zip Code	30.60
Saltville	VA	24370	Transaction ID: 880f16cf-f39e-4c54-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 21 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Antoinette Franklin			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8822 Apple St			Amount
City	State	Zip Code	45.00
New Orleans	LA	70188	Transaction ID : a12a3a74-1e79-41c5-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75676.29	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		75.60
(,			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07

Schedule E)	INT EXICITE	ATTOTILES	PAGE 73 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St			07 03 2014 Amount
Cit.	Chaha	7:n Code	50.00
City New Orleans	State LA	Zip Code 70188	50.00 Transaction ID: 8939e3c9-102e-438f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,,,,,	75676.29	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee Antoinette Franklin			Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St			07 07 2014
			Amount
City	State	Zip Code	40.00
New Orleans Purpose of Expenditure	LA	70188	Transaction ID: 27679a67-7179-40ad-9 Date of Disbursement or Obligation
Salary		Category/ Type 001	07 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75676.29	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		90.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
			7 7
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 29 / 2014
Signature			

Sc	hedule E)	LAI LIIE.	1101120				PAGE 74 OF 134 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	
T	Full Name of Payee Antoinette Franklin				Date		c Distribution/Dissemination
-	Mailing Address 8822 Apple St					07	15 2014
					Amo	ount	
	•		Zip Code		_ L		65.00
	New Orleans	LA	70188				ID : ca0f7a3f-c27a-47ee-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M 07	15 2014
ı	Name of Federal Candidate		<u> </u>	Support	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu			Oppose	Pres	ident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		75676.29		Disburseme 2014	ent For: Other (sp	Primary
ľ	Full Name of Payee				Dat		c Distribution/Dissemination
	Ms. Tonya Boyd					м м 07	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 2357 Fancy Cap Rd					U1	20 2014
	, .				Am	ount	
ľ	City	State	Zip Code		$\neg \vdash $		60.00
	Mt. Airy	NC	27030		Tran Dat	saction II e of Disbu	D: bdbb4316-d043-4984-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	\Box	07	26 / 2014
Ī	Name of Federal Candidate			Support	Office Sou	ight:	House District: 00
	Ms. Kay Hagan			Oppose	Pres	sident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		184282.88	8	Disbursem 2014	ent For: Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditures.				▶		125.00
(b) SUBTOTAL of Unitemized Independent Expenditur	res			· • [1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures				·· •	7	
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its account of the committee	e or authorized					
	Ms. Emily Buchanan	[Electron	nically Filed]	Date	e 07	/ 29	2014
	Signature						

	Fileduic E	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	peck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Ms. Tonya Boyd	07
	Mailing Address 2357 Fancy Cap Rd	Amount
	City State Zip Code	1.83
	Mt. Airy NC 27030	Transaction ID: a7bb0df2-7e79-4a8e-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General
		Other (specify) -
	Full Name of Payee Marysol Netro	Date of Public Distribution/Dissemination
	Mailing Address 312 S Gunter St	07 26 2014 Amount
	City State Zip Code Siloam Springs AR 72761	40.00 Transaction ID : 8f765bb8-da65-4496-8
		Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 26 7 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	41.83
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) 4 · 11 F · 11	M / 29 / 2014
	Signature	

PAGE 75

OF

Women Speak Out PAC C Coossoyres		modulo L)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Rebecca Deucher Mailing Address 4800 Vass Carthage Rd City State Zip Code Carthage NC 28394 Name of Federal Candidate Ms. Kay Hagan Purpose of Expenditure Mailing Address 4800 Vass Carthage Rd City State Zip Code Carthage NC 28394 Caledar Year-To-Date Per Election for Office Sought Category' Mailing Address 4800 Vass Carthage Rd City State Zip Code Carthage NC 28394 Full Name of Payee Rebecca Deucher Mailing Address 4800 Vass Carthage Rd City State Zip Code Carthage NC 28394 Category' Mailing Address 4800 Vass Carthage Rd Category' Mileage NC 28394 Category' Name of Federal Candidate Mileage NC 28394 Name of Federal Candidate	۷۱	omen Speak Out PAC	C C00530766
Rebecca Deucher Mailing Address 4800 Vass Carthage Rd City State Zip Code NC 28394 Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Name of Payee Rebecca Deucher Mailing Address 4800 Vass Carthage Rd Nc 28394 Disbursement For: Primary General Disbursement or Obligation Transaction ID : b71724cb-3f54-461-8 Date of Disbursement or Obligation Transaction ID : b71724cb-3f54-461-8 Date of Disbursement or Obligation Transaction ID : b71724cb-3f54-461-8 Date of Disbursement or Obligation Transaction ID : b71724cb-3f54-461-8 Date of Disbursement For: Primary General Disbursement For: Primary General Primary General Disbursement or Obligation Transaction ID : b71724cb-3f54-461-8 Date of Disbursement For: Primary General Disbursement or Obligation Transaction ID : b71724cb-3f54-461-8 Date of Disbursement For: Primary General Disbursement or Obligation Transaction ID : b71724cb-3f54-461-8 Date of Disbursement For: Primary General Disbursement or Obligation Transaction ID : b71724cb-3f54-461-8 Date of Disbursement For: Primary General Disbursement or Obligation Transaction ID : b71724cb-3f54-461-8 Date of Disbursement For: Primary General Disbursement or Obligation Transaction ID : b71724cb-3f54-461-8 Date of Disbursement For: Primary General Disbursement For: Prim	Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Mailing Address 4800 Vass Carthage Rd City State Zip Code Solary Category/ Transaction ID: 571724cb-375-4611-8 Date of Disbursement or Obligation Disbursement For: Primary General Per Election for Office Sought Disbursement For: Primary General Per Election for Office Sought Disbursement For:	П	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Carthage NC 28394 Purpose of Expenditure Salary		Rebecca Deucher	
Carthage NC 28394 Furpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Caledar Year-To-Date Per Election for Office Sought Name of Payee Rebecca Deucher Mailing Address 4800 Vass Carthage Rd NC 28394 Name of Federal Candidate NC Category/ Type Office Sought: House District: OO Disbursement For: Primary General Tother (specify) ▶ Full Name of Payee Rebecca Deucher Mailing Address 4800 Vass Carthage Rd NC Category/ Name of Federal Candidate NC Category/ Type OO2 Name of Federal Candidate NC Category/ Type OO2 Name of Federal Candidate NC Caledar Year-To-Date Per Election for Office Sought NC Caledar Year-To-Date Per Election for Office Sought NE NE Category/ Type OO2 Name of Federal Candidate Support Office Sought: House District: OO Ms. Kay Hagan Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Isaacsian ID: 541cae0d-16c3-49eb-b Date of Disbursement or Obligation Transaction ID: 541cae0d-16c3-49eb-b Date of Disbursement For: Senate State: NC Category/ Type Office Sought: House District: OO Ms. Kay Hagan Oppose President Senate State: NC Category/ Type Office Sought: House District: OO Ms. Kay Hagan Oppose President Senate State: NC Category/ Type Office Sought: House District: OO Ms. Kay Hagan Oppose President Senate State: NC Category/ Type Oo2 Office Sought: House District: OO Ms. Kay Hagan Oppose President Senate State: NC Category/ Type Oo2 Oo7 Oo7 Oo7 Oo7 Oo7 Oo7 Oo7		Mailing Address 4800 Vass Carthage Rd	Amount
Carthage NC 28394 Furpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Caledar Year-To-Date Per Election for Office Sought Name of Payee Rebecca Deucher Mailing Address 4800 Vass Carthage Rd NC 28394 Name of Federal Candidate NC Category/ Type Office Sought: House District: OO Disbursement For: Primary General Tother (specify) ▶ Full Name of Payee Rebecca Deucher Mailing Address 4800 Vass Carthage Rd NC Category/ Name of Federal Candidate NC Category/ Type OO2 Name of Federal Candidate NC Category/ Type OO2 Name of Federal Candidate NC Caledar Year-To-Date Per Election for Office Sought NC Caledar Year-To-Date Per Election for Office Sought NE NE Category/ Type OO2 Name of Federal Candidate Support Office Sought: House District: OO Ms. Kay Hagan Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Oppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought Isaacsian ID: 541cae0d-16c3-49eb-b Date of Disbursement or Obligation Transaction ID: 541cae0d-16c3-49eb-b Date of Disbursement For: Senate State: NC Category/ Type Office Sought: House District: OO Ms. Kay Hagan Oppose President Senate State: NC Category/ Type Office Sought: House District: OO Ms. Kay Hagan Oppose President Senate State: NC Category/ Type Office Sought: House District: OO Ms. Kay Hagan Oppose President Senate State: NC Category/ Type Oo2 Office Sought: House District: OO Ms. Kay Hagan Oppose President Senate State: NC Category/ Type Oo2 Oo7 Oo7 Oo7 Oo7 Oo7 Oo7 Oo7	ŀ	City State Zin Code	70.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Rebecca Deucher Mailing Address 4800 Vass Carthage Rd City Carthage NC Category Type Category Type Calendar Year-To-Date Purpose of Expenditure Mileage NC Category NC Category Type Cat			Transaction ID : b71724cb-3f54-461f-8
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Rebecca Deucher Mailing Address 4800 Vass Carthage Rd City State Zip Code Carthage NC 28394 Purpose of Expenditure Mileage Category/ Mileage Category/ Mileage Category/ Nome of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement or Obligation Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Amount Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Amount Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Transaction ID: 541cae04-16c3-49eb-b Date of Disbursement For: Other (specify) Transact		Salary Odtegory/ Odd	M M / D D / Y Y Y
Ms. Kay Hagan Calendar Year-To-Date President Senate State NC	ı	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought Full Name of Payee Rebecca Deucher Mailing Address 4800 Vass Carthage Rd City State Zip Code Carthage NC 28394 Purpose of Expenditure Mileage Category/ Name of Federal Candidate Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Category/ Name of Federal Candidate Ms. Kay Hagan Category/ Nopose President X Senate State: NC Disbursement For: Primary X General 2014 Other (specify) ▶ Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Other (specify) ▶ Date of Public Distribution/Dissemination Transaction ID: 541cae0d-16c3-499e-b Transac		M 16 11	
Full Name of Payee Rebecca Deucher Mailing Address 4800 Vass Carthage Rd City State Zip Code Carthage NC 28394 Purpose of Expenditure Mileage Category/ Mileage NS Support Office Sought House District: 00 Ms. Kay Hagan Soppose President Senate State: NC Calendar Year-To-Date Per Election for Office Sought 184282.88 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. In the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		40,4000.00	rrsement For: Primary X General
Rebecca Deucher Mailing Address 4800 Vass Carthage Rd Amount City State Zip Code Carthage NC 28394 Purpose of Expenditure Mileage Name of Federal Candidate Support Ms. Kay Hagan Name of Federal Candidate Support Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Ms. Emily Buchanan [Electronically Filed] Mamunt Amount Amount Transaction D: 541cae0d-16c3-49eb-b Date of Disbursement or Obligation Transaction D: 541cae0d-16c3-49eb-b Dat		Per Election for Office Sought	Other (specify) >
Mailing Address 4800 Vass Carthage Rd City State Zip Code NC 28394 Purpose of Expenditure Mileage Name of Federal Candidate State State Support Office Sought Senate State: NC Senate State: NC Substrottly Senate State: NC Oppose President Senate State: NC Oppose Office Sought Substrottly Senate State: NC Oppose Office Sought Substrottly Senate State: NC Oppose Office Sought Senate State: NC Oppose Oppose Oppose Oppose Oppose Senate State: NC Oppose Op			
Carthage NC 28394 Purpose of Expenditure Mileage Category/		Mailing Address 4800 Vass Carthage Rd	
Carthage NC 28394 Purpose of Expenditure Mileage Category/	ı	City State Zin Code	15.00
Purpose of Expenditure Mileage Category/ Type 002 07 26 2014			Transaction ID : 541cae0d-16c3-49eb-b
Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought It does District. Senate State: NC Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures		Mileage Category/ 002	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	President State: NC
(c) TOTAL Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O7 29 2014	((a) SUBTOTAL of Itemized Independent Expenditures	85.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Ms. Emily Buchanan** [Electronically Filed] Date Date Dat	((b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date		(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 07 29 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Batto		[F1t:	

PAGE 76

OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Barbara E Spritz	07 26 2014
	Mailing Address 3346 Durham St Ext	Amount
	City State Zip Code	30.00
	Burlington NC 27217	Transaction ID : 537a1c8f-c909-4499-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Barbara E Spritz	Date of Public Distribution/Dissemination
	Mailing Address 3346 Durham St Ext	07 26 2014 Amount
		Allount
	City State Zip Code	3.30
	Burlington NC 27217	Transaction ID: 90f4e82c-57a9-42de-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 26 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disburger	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	33.30
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) (1) 7:1 17)7 29 2014
	Signature	

PAGE 77

OF

Sch	edule E)	EXI END	101120				PAGE 78 OF 134 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC						C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Ame	nds repo	rt filed on	M = M /	D = D / Y = Y = Y
T	Full Name of Payee				Date	of Public	c Distribution/Dissemination
L	Amanda Boley					M M M 07	26 2014
	Mailing Address Split Oak Drive				Amo	ount	
	Dity	State	Zip Code				30.00
	charlotte	NC	28227				ID: 3520ac83-61b3-43e2-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		M M 07	26 2014
N	Name of Federal Candidate		Sı	upport	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu			ppose	Pres		Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	75676.29		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee				Dat	e of Publi	c Distribution/Dissemination
	Amanda Boley					M M M	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
1	Mailing Address Split Oak Drive					UI	20 2014
1	Sp. 1. Sa. 1. S. 1				Am	ount	
	City	State	Zip Code				9.63
	charlotte	NC	28227		Tran Dat	saction II e of Disbu	D: ffcb62d6-1e95-442e-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07	26 2014
1	Name of Federal Candidate		S	upport	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu		Xo		Pres	ident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	75676.29		Disbursem 2014	ent For: Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	3			·	-	39.63
(b) SUBTOTAL of Unitemized Independent Expenditu	res			•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(с) TOTAL Independent Expenditures				•		7
wi	nder penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate arty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M = M 07	/ 29	2014
	Signature		_	0			

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Felice Barrett	07 26 2014
	Mailing Address 1588 Asbury	Amount
	City State Zip Code	40.00
	Springdale AR 72762	Transaction ID : a96fc7e7-29ea-4737-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calcillati To Bato	ursement For: Primary General
	Per Election for Office Sought 37913.89 2014	Other (specify) ▶
	Full Name of Payee Felice Barrett	Date of Public Distribution/Dissemination
	Mailing Address 1588 Asbury	07 26 2014
	,	Amount
	City State Zip Code	9.60
	Springdale AR 72762	Transaction ID: de2546a2-932c-4d14-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 26 7 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	49.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 1 7 1 7
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
)7 29 2014
	Signature	
_		

PAGE 79

OF

Schedule E)	511 5112 5	PAGE 80 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New re	eport Amends report fil	led on Mam / Dab / Yayayay
Full Name of Payee Andrea L Hammond		Date of Public Distribution/Dissemination
Mailing Address 12920 Kneeland Ln		07 26 2014 Amount
City State	Zip Code	40.00
Neosho MO	64850	Transaction ID: 18da2eed-92a7-467d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Mr. Mark L Pryor	Oppose [President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	37913.89 Dis	sbursement For: Primary
Full Name of Payee	·	Date of Public Distribution/Dissemination
Andrea L Hammond		07
Mailing Address 12920 Kneeland Ln		Amount
		, and an
City State	Zip Code	22.80
Neosho MO	64850	Transaction ID: e4d283fd-7811-48cc-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 26 7 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Mr. Mark L Pryor	Oppose [President State: AR
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	62.80
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	07 29 2014
Signature		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fill	ed on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Tylan S Green	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr	Amount
City State Zip Code	40.00
New Orleans LA 70131	Transaction ID: 7610b2d1-b6aa-4112-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 26 7 2014
Name of Federal Candidate Support Off	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Dis 20:	sbursement For: Primary
Fill Name of Days	
Full Name of Payee Tylan S Green	Date of Public Distribution/Dissemination 07 26 2014
Mailing Address 2320 Saint Nick Dr	07 26 2014 Amount
City State Zip Code	4.50
New Orleans LA 70131	Transaction ID: 3734f738-9ab1-4238-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 26 / 2014
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	44.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 81

OF

Schedule E)	I LAFLIND	ITONES		PAGE 82 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Carmen Maddrey			Date of Public	Distribution/Dissemination
Mailing Address 2043 Nottingham Ln			07	26 2014
			Amount	
City	State	Zip Code		70.00
Burlington	NC	27215		D: 0c6935ca-0f09-45e9-8 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	184282.88	Disbursement For: 2014 Other (spe	Primary ☐ General
Full Name of Payee			Date of Public	Distribution/Dissemination
Carmen Maddrey			M M M /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2043 Nottingham Ln			Amount	
City	State	Zip Code		3.60
Burlington	NC	27215		D: 21c4834d-6929-45b7-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07 /	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	184282.88	Disbursement For: 2014 Other (sp	Primary
(a) CURTOTAL of Itamized Independent Funenditure				70.00
(a) SUBTOTAL of Itemized Independent Expenditure	s		. •	73.60
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	- Apr - Apr
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	07 / 29	2014
Signature				

			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour re	port New repo	ort Amends report	i filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Laura U Logie			07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2565 Shire Circle			Amount
City	State	Zip Code	5.00
Harrisonburg	VA	22801	Transaction ID : 127ec64f-2fb2-4bb9-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1		Disbursement For: Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			07 26 2014
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	40.00
Ville Platte	LA	70586	Transaction ID: 6bf60b68-c631-4bd9-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 26 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75676.29	Disbursement For:
(a) SUBTOTAL of Itemized Independent Ex	rpenditures		45.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		·
(c) TOTAL Independent Expenditures			•
	y candidate or authorized		ot made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electroni	ically Filed] Date	07 29 2014
Signature			

PAGE 83

OF

Schedule E)	ivi Exi Eivi	JII OI LO	PAGE 84 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination
			07 26 / Y Y Y Y
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	28.80
Ville Platte	LA	70586	Transaction ID: 1f2a58ae-f0a4-4f1e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75676.29	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ralphie Lockhart			07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6310 Col Glenn Rd			Amount
City	State	Zip Code	70.00
Little Rock	AR	72204	Transaction ID : c0986908-d0a8-4a1b-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 26 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures		98.80
			7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 29 / 2014

Schedule E)		1101.20		PAGE 85 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y Y
Full Name of Payee OBrian Price			Date	of Public Distribution/Dissemination
				07 26 2014
Mailing Address 2400 Covenant Cove			Amou	ınt
City	State	Zip Code		75.00
Little Rock	AR	72204		saction ID : ff97d57c-a672-461e-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 26 7 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursemer 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
OBrian Price				07 26 2014
Mailing Address 2400 Covenant Cove				20 2017
			Amou	unt
City	State	Zip Code		20.70
Little Rock	AR	72204	Transa Date	action ID : 520d5b55-e0af-494c-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 26 7 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Mr. Mark L Pryor		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursemer 2014	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			•	95.70
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• •	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / O7	29 2014
Signature				

Schedule E)	VI EXI END	TIONES		GE 86 OF 134 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on)
Full Name of Payee			Date of Public Di	stribution/Dissemination
Cassidy Quartararo			M M / I	26 / 2014
Mailing Address 632 Cameron Court			Amount	
City	State	Zip Code		65.00
Kenner	LA	70065	I	62f84d6a-6ed7-46c1-9 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	26 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	75676.29	Disbursement For: 2014 Other (specif	Primary ⊠ General y) ►
Full Name of Payee			Date of Public Di	stribution/Dissemination
Cassidy Quartararo			07	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 632 Cameron Court			Amount	
City	State	Zip Code		10.23
Kenner	LA	70065		9acbc9d-6bbf-4f26-8 ment or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	26 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	<i>y y</i>	75676.29	Disbursement For: 2014 Other (specif	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditure	res			75.23
				7 1 7 1
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures			>	7 1 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 29 /	2014

Schedule E)	VI EXI EIVE	TOTILO	PAGE 87 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Charity Zerbel			07 26 / 2014
Mailing Address 804 Mary Ave			Amount
City	State	Zip Code	45.00
Neosho	МО	64850	Transaction ID : 159e6eab-eb92-4b8c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 26 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	37913.89	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Charity Zerbel			07 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Mary Ave			Amount
City	State	Zip Code	1.80
Neosho	МО	64850	Transaction ID : 02ecc936-e39b-4d27-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	37913.89	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		▶ 46.80
(b) CURTOTAL of Unitersized Index and art Function	I:4		
(b) SUBTOTAL of Unitemized Independent Expendent	iltures		
(c) TOTAL Independent Expenditures)
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 07 29 7 2014
Signaturo			

Schedule E)	II EXI END	TIONES	PAGE 88 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Warren Gravois			Date of Public Distribution/Dissemination
Mailing Address 16005 7th St			07 26 2014 Amount
City	State	Zip Code	45.00
Pearlington	MS	39572	Transaction ID : 5e760049-d6fc-454f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	75676.29	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Warren Gravois			07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 16005 7th St			Amount
City	State	Zip Code	1.80
Pearlington	MS	39572	Transaction ID: e0eea46f-e00a-4377-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 26 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	75676.29	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es		. ▶ 46.80
(b) SUBTOTAL of Unitemized Independent Expendent	tures		
			7 7
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 29 2014
5.g/(a.a.)			

Schedule E)	LIVI EXI LIVI	STIGHTS	PAGE 89 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee Elizabeth Hanks			Date of Public Distribution/Dissemination
Mailing Address 891 W. Melmar			07 26 2014 Amount
			7.11.00.11.
City	State	Zip Code	35.00
Fayetteville	AR	72703	Transaction ID: af6cab70-efe2-4610-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Elizabeth Hanks			07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 891 W. Melmar			Amount
City	State	Zip Code	9.00
Fayetteville	AR	72703	Transaction ID: 4a39c503-5d37-4d86-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 26 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	37913.89	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		44.00
,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	LIVI EXI EIVE	TOTILO	<u> </u>	PAGE 90 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Diane Smith			M 07 /	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		30.00
Raleigh	NC	27610		: 8fee6aea-e77f-46a9-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	184282.88	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Diane Smith			07	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4006 Wolkswalk Place			Amount	
City	State	Zip Code		4.50
Raleigh	NC	27610		: 0ef3d676-cac4-46a0-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	26 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expen	ditures			34.50
			7	4 4
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	7
(c) TOTAL Independent Expenditures)	7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 / 29	2014
- 3				

Women Speak Out PAC C coopsioned C coopsioned	ooneduic Ly		FOR SE OF FORM 24/48
Check if	NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Ethan Cranford City	women Speak Out PAC		C C00530766
Ethan Cranford Mailing Address 2012 Cateb Drive City State Zip Code AR 72143 Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Payee Ethan Cranford Mailing Address 2012 Cateb Drive Calendar Year-To-Date President Search Reli Name of Payee Calendar Year-To-Date Purpose of Expenditure Mailing Address 2012 Cateb Drive Amount City State Zip Code Amount Date of Public Distribution/Dissemination Transaction ID: 246bb7b-885-4ec3-b Date of Date of Date Date President Search Reli Name of Payee Calendar Year-To-Date Primary General Date of Public Distribution/Dissemination Transaction ID: 246bb7b-885-4ec3-b Date of Date Date District: 00 Transaction ID: 246bb7b-885-4ec3-b Date of Date of Date District: 00 Transaction ID: 246bb7b-885-4ec3-b Date of Date Date District: 00 Transaction ID: 246bb7b-885-4ec3-b Date of Date District: 00 Transaction ID: 246bb7b-885-4ec3-b Date of Date Date District: 00 Transaction ID: 246bb7b-885-4ec3-b Date of Date Date District: 00 Transaction ID: 246bb7b-885-4ec3-b Date of Date Date District: 00 Transaction ID: 246bb7b-885-4ec3-b Date of Date Date District: 00 Transaction ID: 246bb7b-885-4ec3-b Date of Date Sought: No Date District: 00 Transaction ID: 246bb7b-885-4ec3-b Date of Date Date District: 00 Transaction ID: 246bb7b-885-4ec3-b Date of Date Date Date District: 00 Transaction ID: 246bb7b-885-4ec3-b Date of Date Date Date Date Date Date Date Date	Check if 24-hour report X 48-hour report New repo	rt Amends report filed	
Mailing Address 2012 Caleb Drive City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Category On On Office Sought House District: 00 Armount Office Sought Searcy AR 72143 Calendar Year-To-Date Purpose of Payee Ethan Cranford Mailing Address 2012 Caleb Drive State Zip Code President Search State: AR 72143 Purpose of Expenditure Search Search State: AR Oppose President Search State: AR Oppose President Search State: AR Oppose President Search State: AR Oppose Searcy AR 72143 Purpose of Expenditure Mailing Address 2012 Caleb Drive AR 72143 Name of Federal Candidate Search	Full Name of Payee		Date of Public Distribution/Dissemination
City State Zip Code Searcy AR 72143 Purpose of Expenditure Salary Category/			
Searcy AR 72143 Furposa of Expenditure Salary Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Purpose of Expenditure Salary Full Name of Payee Ethan Cranford Mailing Address 2012 Caleb Drive Name of Federal Candidate Name of Federal Candidate Name of Payee City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Name of Federal Candidate Name of Federal Cand	Mailing Address 2012 Caleb Drive		Amount
Searcy AR 72143 Furposa of Expenditure Salary Name of Federal Candidate Mr. Mark L Pyor Calendar Year-To-Date Purpose of Expenditure Salary Full Name of Payee Ethan Cranford Mailing Address 2012 Caleb Drive Name of Federal Candidate Name of Federal Candidate Name of Payee City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Name of Federal Candidate Name of Federal Cand	City State	Zip Code	35.00
Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Purpose of Expenditure Mileage Name of Federal Candidate Name of Federal Candidate Calendar Year-To-Date Purpose of Expenditure Mileage Category/ Type Office Sought: Date of Public Distribution/Dissemination Office Sought Amount Category/ Type Date of Public Distribution/Dissemination Office Sought Amount City Searcy AR 72143 Purpose of Expenditure Mileage Category/ Type Office Sought: House Distribution/Dissemination Office Sought: Amount Category/ Transaction ID: c1797aae-7beb-4ec2-9 Date of Disbursement or Obligation Office Sought: Name of Federal Candidate Support Office Sought: House District: O0 Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Transaction ID: c1797aae-7beb-4ec2-9 Date of Disbursement or Obligation Office Sought: House District: O1 O2 O7 O2 O7 O7 O7 O7 O7 O7 O7	_ ·	·	Transaction ID : 246be7eb-88e5-4ec3-b
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Ethan Cranford Mailing Address 2012 Caleb Drive City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Category/ Mileage Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Office Sought: House District: 00 Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Oppose President Seanth Amount Amount Transaction ID: c1797ae-7beb-4ec2-9 Date of Disbursement or Obligation Transaction ID			M M / D D / Y Y Y
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Searcy AR Talta Transaction ID: c1797ae-7beb-4ec2-9 Date of Public Distribution/Dissemination Amount City Searcy AR 72143 Transaction ID: c1797ae-7beb-4ec2-9 Date of Disbursement For: Primary General Amount City Searcy AR 72143 Transaction ID: c1797ae-7beb-4ec2-9 Date of Disbursement or Obligation Work of Federal Candidate Mileage Category/ Type Category/ Type Office Sought: House District: Ou Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Tansaction ID: c1797ae-7beb-4ec2-9 Date of Disbursement or Obligation Transaction ID: c1797ae-7beb-4ec2-9 Date of Disbursement or Obligation Transaction ID: c1797ae-7beb-4ec2-9 Date of Disbursement For: Primary Category/ Type Office Sought: House District: Ou President Senate State: AR Calendar Year-To-Date Per Election for Office Sought Transaction ID: c1797ae-7beb-4ec2-9 Date of Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Transaction ID: c1797ae-7beb-4ec2-9 Date of Disbursement For: Primary General Other (specify) Category/ Type Office Sought: House District: Ou President Senate State: AR Calendar Year-To-Date Per Election for Office Sought Transaction ID: c1797ae-7beb-4ec2-9 Date of Disbursement For: Primary General Color Office Sought: Office Sought: House District: Ou Office Sought: Office Sought: House District: Ou Office Sought: Ou Office Sought: House District: Ou Office Sought: Ou Office Sought: Ou Office So	Name of Federal Candidate	Support Office	e Sought: House District: 00
Per Election for Office Sought Same of Payee Ethan Cranford	Mr. Mark L Pryor		
Full Name of Payee Ethan Cranford Mailing Address 2012 Caleb Drive City State Zip Code 28.50 Searcy AR 72143 Purpose of Expenditure Mileage Category/ 1/2014 Name of Federal Candidate Mr. Mark L Pryor Support Calendar Year-To-Date Per Election for Office Sought AR 37913.89 Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date 07 29 2014			
Ethan Cranford Mailing Address 2012 Caleb Drive City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Name of Federal Candidate Support Type 002 Name of Federal Candidate Support Searce State: AR Calendar Year-To-Date Per Election for Office Sought State: AR Calendar Year-To-Date Per Election for Office Sought State: AR Calendar Year-To-Date Per Election for Office Sought State: AR Calendar Year-To-Date Per Election for Office Sought State: AR Calendar Year-To-Date Per Election for Office Sought State: AR Calendar Year-To-Date Per Election for Office Sought State: AR Calendar Year-To-Date Sought State: AR Calendar Year-To-Date Other (specify) Calendar Year-To-Date Sought State: AR Calendar Year-To-Date Other (specify) Calendar Year-To-Date Sought State: AR Calendar Year-To-Date Sought State: AR Calendar Year-To-Date Other (specify) Category Office Sought: House District: OO Other (specify) Category Other Other Sought: House District: OO Other (specify) Category Other Other Sought: House District: OO Other (specify) Category Other Other Sought: House District: OO Other (specify) Category Other Other Sought: House District: OO Other (specify) Category Other Other Sought: House District: OO Other (specify) Category Other Other Sought: House District: OO Other (specify) Category Other Other Sought: House District: OO Other (specify) Other (specify) Category Other Other Other Sought: House District: OO Other (specify) Other (specify) Category Other Othe			Other (specify) -
Mailing Address 2012 Caleb Drive Amount City State Zip Code Searcy AR 72143 Purpose of Expenditure Mileage Name of Federal Candidate State State Support Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought 37913.89 Calendar Year-To-Date Per Election for Office Sought Support Office Sought Office Soug			M - M / D - D / Y - Y - Y
Searcy AR 72143 Transaction ID : c1797aae-7beb-4ec2-9 Date of Disbursement or Obligation	Mailing Address 2012 Caleb Drive		التنالنا لنا
Searcy AR 72143 Transaction ID : c1797aae-7beb-4ec2-9 Date of Disbursement or Obligation	City State	Zip Code	28.50
Purpose of Expenditure Mileage Category/ Type 002 07	,_	·	Transaction ID : c1797aae-7beb-4ec2-9
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures			M M / D D / Y Y Y Y
Calendar Year-To-Date Per Election for Office Sought 37913.89 Disbursement For: Primary Other (specify) Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate	Support Office	e Sought: House District: 00
Per Election for Office Sought 37913.89 2014 Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures	Mr. Mark L Pryor	X Oppose	President State: AR State:
(b) SUBTOTAL of Unitemized Independent Expenditures	•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date O7 29 2014	(a) SUBTOTAL of Itemized Independent Expenditures	·····	63.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ms. Emily Buchanan [Electronically Filed] Date Date	(c) TOTAL Independent Expenditures	·····	
[Electronically Filed] Date 07 29 2014	with, or at the request or suggestion of, any candidate or authorized		
Duto vi		cally Filed] Date 0	
	Signature		

PAGE 91

OF

Schedule E)	PAGE 92 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Robin L Bennett	07
Mailing Address 3505 Beaumont St	Amount
Apt 13D	
City State Zip Co	
Neosho MO 64850	Transaction ID: e2182ccc-0cb7-4d8d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Cate	egory/ Type 001 07 26 / Y Y Y Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 37913	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Robin L Bennett	07 26 2014
Mailing Address 3505 Beaumont St	Amount
Apt 13D	Allount
City State Zip C	Code 36.00
Neosho MO 6485	Transaction ID : 6c57d6cb-21aa-4f24-8 Date of Disbursement or Obligation
	egory/ Type 002 07 / 26 / Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 37	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	81.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically F	Filed] Date 07 29 2014
Signaturo	

Schedule E)	NI EXI END	TIONES	PAGE 93 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			07
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	50.00
Lafayette	LA	70503	Transaction ID : 8bc21231-a0ec-4deb-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	75676.29	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Peter Sahuc			07
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	4.26
Lafayette	LA	70503	Transaction ID : f00e2fc7-985e-44fa-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 26 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	75676.29	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. ▶ 54.26
(b) CURTOTAL of Unitamized Independent Expense	dituro		
(b) SUBTOTAL of Unitermized Independent Expendent	altures		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07
-			

Schedule E)	IN EXILIE	TIONES	PAGE 94 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Christopher Marquess			Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St			07 26 7 2014
110 W Pecan St			Amount
City	State	Zip Code	60.00
Ville Platte	LA	70586	Transaction ID : 6d03d6fc-8539-4d54-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	75676.29	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	35.70
Ville Platte	LA	70586	Transaction ID : be573b5f-4f79-4ee0-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75676.29	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		95.70
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee Nathan D Wirebaugh	Date of Public Distribution/Dissemination
Mailing Address 7320 Red Maple Dr	07 26 2014 Amount
014	20.00
	80.00 Transaction ID : 4b7d6f2d-48f6-45db-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Me Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	ement For: Primary X General Other (specify) ▶
Full Name of Payee Phillip Williams	Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd	07 26 2014 Amount
City State Zip Code	70.00
Greensboro NC 27407	ransaction ID : 51cf1447-f55f-4b76-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 26 7 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Kay Hagan	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disburs 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	29 / 2014

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Phillip Williams	07 26 2014
	Mailing Address 3007 Darden Rd	Amount
	City State Zip Code	14.70
	Greensboro NC 27407	Transaction ID : a89ed4f4-a566-49ff-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 184282.88 Disbut 184282.88	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Beverly Williams	Date of Public Distribution/Dissemination
	Mailing Address 3007 Darden Rd	07 26 2014 Amount
	City State Zip Code	70.00
	Greensboro NC 27407	Transaction ID : 338fcf03-0d18-4669-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 26 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbute 2014	ursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	84.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) (1) 7:1 17	M / 29 / 2014
	Signature	
_		

PAGE 96

OF

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report file	d on Man / Dab / Yayaya
Full Name of Payee Danielle McCoy	Date of Public Distribution/Dissemination
	07 26 2014
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	70.00
High Point NC 27260	Transaction ID : 5a827b31-599e-47a2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 26 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disk 2014	oursement For: Primary ☐ General Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
Danielle McCoy	07 26 2014
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	19.50
High Point NC 27260	Transaction ID : d0ec8bff-30e2-4b8b-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disl 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	89.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
· Date	07
Signature	

Schedule E)	EXI END	1101120		PAGE 98 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends	report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Chris McCoy				Date of Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct				07 26 2014 Amount
City	State	Zip Code		70.00
High Point	NC	27260		Transaction ID: 393777a2-8bde-4d17-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	07 26 / 2014
Name of Federal Candidate		Suppo	ort Office	e Sought: House District: 00
Ms. Kay Hagan		X Oppos		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	84282.88	Disbu 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Chris McCoy				07 26 2014
Mailing Address 1025 Cayley Ct				Amount
City	State	Zip Code		18.30
High Point	NC	27260		Transaction ID: 81dd9655-f95c-480c-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	07 26 7 2014
Name of Federal Candidate		Suppo	ort Office	e Sought: House District: 00
Ms. Kay Hagan		Oppos		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbu 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.			······ >	88.30
(b) SUBTOTAL of Unitemized Independent Expenditur	es		······ >	
(c) TOTAL Independent Expenditures			······ >	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]		7 29 2014
Signature				

Schedule E)	I EXI END			PAGE 99 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
o		. 🗆 .		M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee Lily Green			M	f Public Distribution/Dissemination
Mailing Address 205 Medallion Circle			Amoun	
City	State	Zip Code		30.00
Shreveport	LA	71119		nction ID: 053633a3-f851-471f-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	07 26 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	75676.29	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Lily Green				07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amour	nt
City	State	Zip Code	$ \Gamma$	17.10
Shreveport	LA	71119	Transac Date o	ction ID : 1aa0765a-6aa5-48ca-8 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	07 26 7 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	75676.29	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es			47.10
				7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· • []	4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / 07	29 2014
Signature		_		

reflectate Ly	FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Courtney Goldstein	07 26 2014
Mailing Address 1809 N Woodlawn	ount
City State Zip Code	40.00
Metairie LA 70001 Tra	Insaction ID: e2a77650-1a4a-4e03-a te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms Mary I Landrieu	sident X Senate State: LA
Calendar Year-To-Date Disbursem	nent For: Primary X General
Per Election for Office Sought 75676.29 2014	Other (specify)
Full Name of Payee Courtney Goldstein	te of Public Distribution/Dissemination
Mailing Address 1809 N Woodlawn	07 26 2014
- 1000 IT WoodidWil	nount
City State Zip Code	2.40
Metairie LA 70001 Trar	nsaction ID: 35681455-de3a-4448-b te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 26 / 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
	sident State: LA
Calendar Year-To-Date Disbursem	nent For: Primary X General
Per Election for Office Sought 75676.29 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	42.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 100

OF

Scl	hedule E)	1101101120				PAGE 101 OF 134 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
W	omen Speak Out PAC				СС	00530766
Che	eck if 24-hour report X 48-hour report New	report A	mends repo	ort filed on	M /	D = D / Y = Y = Y = Y
T	Full Name of Payee Jeffrey Hampton				1 M /	Distribution/Dissemination
	Mailing Address 1700 E Part Ave			Amou	07 nt	26 2014
-	City State	Zip Code				75.00
	Searcy AR	72149				: 22200ea9-ab97-4700-b ement or Obligation
	Purpose of Expenditure Salary	Category Type			07 /	26 / 2014
1	Name of Federal Candidate		Support	Office Sough	ıt;	House District: 00
	Mr. Mark L Pryor	X	Oppose	Preside		
	Calendar Year-To-Date Per Election for Office Sought	37913.89		Disbursemen 2014 O	t For:	Primary
	Full Name of Payee Jeffrey Hampton Mailing Address 1700 E Part Ave				of Public	Distribution/Dissemination
	1700 E Part Ave			Amou	ınt	
	City State Searcy AR	Zip Code 72149		Transa	action ID :	79.41 : d62cc260-bd71-4f9d-a
-	Purpose of Expenditure			Date	of Disburs	sement or Obligation
	Mileage	Category Type			07 ^M	26 / 2014
	Name of Federal Candidate		Support	Office Sough	nt:	House District: 00
	Mr. Mark L Pryor	X	Oppose	Presid	ent X	
	Calendar Year-To-Date Per Election for Office Sought	37913.	89	Disbursemer 2014 C	nt For: Other (spe	Primary
(6	a) SUBTOTAL of Itemized Independent Expenditures			· ·	-7-	154.41
(I	b) SUBTOTAL of Unitemized Independent Expenditures			•		7
(0	c) TOTAL Independent Expenditures			· .	7	7
W	Under penalty of perjury I certify that the independent expenditure, or at the request or suggestion of, any candidate or authorizarty committee) any political party committee or its agent.					
		ectronically Filed]		e 07	29	2014
	Signature					

Schedule E)	II EXPEND	JIIONES	PAGE 102 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Anna Harris			Date of Public Distribution/Dissemination
Mailing Address 3654 Tara St			07 26 2014 Amount
City	State	Zip Code	50.00
Springdale	AR	72762	Transaction ID: 5f768156-8ae8-472a-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	37913.89	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Anna Harris			07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3654 Tara St			Amount
City	State	Zip Code	16.50
Springdale	AR	72762	Transaction ID : 5cf1e9df-ab6d-4513-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 26 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 7	37913.89	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditur	es		66.50
,,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendi	itures		·
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorize		
Ms. Emily Buchanan	[Electro	nically Filed] Date	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	VI EXI END	HONES	PAGE 103 OF FOR SE OF FORM	134 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	IBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	YY
Full Name of Payee Michael Vidrine				YYY
Mailing Address 1103 West Wilson Street			07 26 20 Amount	14
City	State	Zip Code		70.00
Ville Platte	LA	70586	Transaction ID : 510de10c-916b-4 Date of Disbursement or Obligation	11d-a
Purpose of Expenditure Salary		Category/ Type 001)14
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	75676.29	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Dissemi	nation
Michael Vidrine)14
Mailing Address 1103 West Wilson Street			Amount	
City	State	Zip Code	3	31.50
Ville Platte	LA	70586	Transaction ID : cb70ace0-f70e-40 Date of Disbursement or Obligatio	
Purpose of Expenditure Mileage		Category/ Type 002		14
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		Oppose	President State:	
Calendar Year-To-Date Per Election for Office Sought	7	75676.29	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditure	'es		101	.50
(b) SUBTOTAL of Unitemized Independent Expend	itures			
			7	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
5.g/\ddis				

Schedule E)	LIVI EXI ENL	JII OI LE	PAGE 104 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			07
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	50.00
Mandeville	LA	70471	Transaction ID : 2c7635f5-53f0-45aa-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 26 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	75676.29	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			07
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	5.40
Mandeville	LA	70471	Transaction ID : 59892293-66d2-467a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 26 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75676.29	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. 55.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 29 / 2014
S.g.iataro			

WAME OF COMMITTEE (In Full) Women Speak Out PAC C C00530766	NUMBER ▼
Women Speak Out PAC C c00530766	
Check if 24-hour report X 48-hour report New report Amends report filed on	Y
Full Name of Payee Date of Public Distribution/Diss	semination
07 26	2014
Mailing Address 11214 Mesa drive Amount	
City State Zip Code	75.00
Little rock AR 72211 Transaction ID : 3a1a442d-04l Date of Disbursement or Oblig	b5-48d4-9
Purpose of Expenditure	2014
Name of Federal Candidate Support Office Sought: House Dist	rict:00
Mr. Mark I. Prior	ate: AR
07040 00	X General
Per Election for Office Sought 3/913.89 2014 Other (specify) ▶	
Full Name of Payee ERIC TABARY Date of Public Distribution/Diss	semination
Mailing Address 6101 NORA ST O7 26 Amount	2014
City State Zip Code	90.00
METAIRIE LA 70003 Transaction ID : cd283007-cf3I Date of Disbursement or Oblig	b-4286-8
Purpose of Expenditure Salary Category/ Type O01 O7 O7 O6 O7 O7 O7 O7 O7 O7 O7	2014
Name of Federal Candidate Support Office Sought: House Dist	rict:00
Ms. Mary L Landrieu	ate: LA
Calendar Year-To-Date Per Election for Office Sought 75676.29 Disbursement For: □ Primary 2014 □ Other (specify) ▶	K General
(a) SUBTOTAL of Itemized Independent Expenditures	165.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is no party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07 29 2014	Y
Signature	

PAGE 105

OF

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Jessica Habakjian	07 26 2014
Mailing Address 4193 W. Lang St	ount
City State Zip Code	50.00
Farmville NC 27828 Trai	nsaction ID : 1d1f4034-9b04-4074-8 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Office Sou	ght: House District:00
Ms. Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	
	Other (specify)
Full Name of Payee Jessica Habakjian Date	te of Public Distribution/Dissemination
Mailing Address 4193 W. Lang St	07 26 2014 ount
City State Zip Code	9.00
	saction ID: 128eb9eb-c32e-4b3d-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type O02	07
Name of Federal Candidate Support Office Sou	ight: House District:00
Ms. Kay Hagan Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	59.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 106

OF

Schedule E)			PAGE 107 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repor	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	35.00
Lafayette	LA	70503	Transaction ID: b6cc70b7-4bd1-486a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	75676.29	Disbursement For: Primary
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Francis Richardson			07 26 / Y Y Y Y Y
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	2.76
Lafayette	LA	70503	Transaction ID : 2a80ac2f-2c79-41d7-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 26 Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	75676.29	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		37.76
(b) SUBTOTAL of Unitemized Independent Expendent	dituro		
(b) SOBTOTAL OF Officernized independent Expend	iliules		
(c) TOTAL Independent Expenditures)
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize		
Ms. Emily Buchanan	ari .	nionile. Eil- II	M M / D D / Y Y Y Y Y
Signature	[Electron	nically Filed] Date	07 29 2014

Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jon Linch Mailing Address 6108 Harkins Ave City State City State All Disbursement For: Primary Code Amount Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Mailing Address Category/ Type Over 19.50 Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation Mailing Address Support Category/ Type Over 19.50 Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation Mailing Address Support Office Sought: House District: Category/ Doze Name of Federal Candidate	48
Check if 24-hour report 48-hour report New report Amends report filled on Amen	ER▼
Full Name of Payee John Linch Mailing Address 6108 Harkins Ave State Zip Code Transaction ID: 6cdtc39d-915f-4a29-Date of Disbursement or Obligation Purpose of Expenditure Salary State Zip Code President Senate State Amount Senate State Amount President Senate State Amount Transaction ID: 6cdtc39d-915f-4a29-Date of Disbursement or Obligation Purpose of Expenditure Support Office Sought House District: □0 President Senate State: All Other (specify) President Senate State: All Other (specify) Date of Public Distribution/Dissemination Public Distribution/Disseminat	
Mailing Address 6108 Harkins Ave	Y
Mailing Address 6108 Harkins Ave City	ion
City State Zip Code Purpose of Expenditure Salary Category/ Type 001 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City State Zip Code AR 72210 Category/ Type 001 Category/ Type 002 Category/ Transaction ID : 6cd1c39d-915f-4229- Date of Disbursement or Obligation Type 002 Transaction ID : 6cd1c39d-915f-4229- Date of Disbursement For: Primary X Gen Category/ Type 002 Category/ Type 002 Transaction ID : e0138abd-6b1f-4755-b Date of Disbursement or Obligation Category/ Type 002 Category/ Date of Disbursement or Obligation Category/ Type 002 Category/ Date of Disbursement For: Primary X Gen Category/ Date of Public Distribution/Dissemination Disbursement For: Primary X Gen Category/ Date of Public Distribution/Dissemination Disbursement For: Primary X Gen Disbursement For: Primary X Gen Date of Public Distribution	Y
Little Rock AR 72210 Transaction ID: 6cd1c39d-915f-4a29- Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City Little Rock AR 72210 Transaction ID: 6cd1c39d-915f-4a29- Date of Disbursement or Obligation Office Sought: House District: O Primary Senate State: All Other (specify) ▶ Full Name of Payee Jon Linch Mailing Address 6108 Harkins Ave City Little Rock AR 72210 Transaction ID: 6cd1c39d-915f-4a29- Date of Disbursement or Obligation Office Sought: House District: O Primary Senate State: All Other (specify) ▶ Category/ Type O02 Transaction ID: 6cd1c39d-915f-4a29- Date of Disbursement or Obligation Office Sought: House District: O Transaction ID: 6cd1c39d-915f-4a29- Date of Disbursement or Obligation Office Sought: House District: O Oppose President Senate State: All Disbursement For: Primary Senate State: All Office Sought: House District: O Disbursement For: Primary Senate State: All Dis	
Little Rock AR 72210 Transaction ID: 6cd1c39d-915f-4a29- Date of Disbursement or Obligation Purpose of Expenditure Salary Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought City Little Rock AR 72210 Transaction ID: 6cd1c39d-915f-4a29- Date of Disbursement or Obligation Office Sought: House District: O Primary Senate State: All Other (specify) ▶ Full Name of Payee Jon Linch Mailing Address 6108 Harkins Ave City Little Rock AR 72210 Transaction ID: 6cd1c39d-915f-4a29- Date of Disbursement or Obligation Office Sought: House District: O Primary Senate State: All Other (specify) ▶ Category/ Type O02 Transaction ID: 6cd1c39d-915f-4a29- Date of Disbursement or Obligation Office Sought: House District: O Transaction ID: 6cd1c39d-915f-4a29- Date of Disbursement or Obligation Office Sought: House District: O Oppose President Senate State: All Disbursement For: Primary Senate State: All Office Sought: House District: O Disbursement For: Primary Senate State: All Dis	.00
Purpose of Expenditure Salary Category/ Type	
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Jon Linch Mailing Address 6108 Harkins Ave Date of Public Distribution/Dissemination Mailing Address 6108 Harkins Ave City State Zip Code AR 72210 Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Senate State: All Disbursement For: Primary Gen 2014 Amount Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought: House District: Gen 2014 Amount Category/ Type Oo2 President Senate State: All Other (specify) Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation Full Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought Senate State: All Other (specify) Othe	
Mr. Mark L Pryor Calendar Year-To-Date President Senate State: Ale	00
Per Election for Office Sought Full Name of Payee Jon Linch Mailing Address 6108 Harkins Ave Date of Public Distribution/Dissemination Mon y 26 y 2014 Amount City State Zip Code Little Rock AR 72210 Purpose of Expenditure Mileage Category/ Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Date of Public Distribution/Dissemination Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation Mon y 26 y 2014 Support Office Sought: House District: Company Senate State: All State: All Support Senate Se	AR
Full Name of Payee Jon Linch Mailing Address 6108 Harkins Ave City State Zip Code Little Rock AR 72210 Purpose of Expenditure Mileage Category/ Type Office Sought: Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought: State Zip Code 19.50 Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation Office Sought: Noppose President Senate State: Disbursement For: Primary Gen	neral
Jon Linch Mailing Address 6108 Harkins Ave City State Zip Code Little Rock AR 72210 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary Gen	
Mailing Address 6108 Harkins Ave City State Zip Code Little Rock AR 72210 Purpose of Expenditure Mileage Category/ Type 002 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Amount Amount Category/ Type 002 Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation Moffice Sought: House District: Company Calendar Year-To-Date Per Election for Office Sought Amount Disbursement For: Primary General Candidate Disbursement For: Primary General Candidate Disbursement For: Primary General Candidate	Y Y
Little Rock AR 72210 Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought AR 72210 Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation O7 O7 O7 O7 OFfice Sought: House District: OPrimary Gen 2014 Disbursement For: Primary Gen 2014	
Little Rock AR 72210 Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation Purpose of Expenditure Mileage Category/ Type O02 Name of Federal Candidate Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought AR 72210 Transaction ID: e0f38abd-6b1f-4755-b Date of Disbursement or Obligation O7 O7 O7 O7 OFfice Sought: House District: OPrimary Gen 2014 Disbursement For: Primary Gen 2014	50
Purpose of Expenditure Mileage Category/ Type O02 O7 26 V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mr. Mark L Pryor Calendar Year-To-Date Per Election for Office Sought Support Office Sought	
Calendar Year-To-Date Per Election for Office Sought 37913.89 Disbursement For: Primary X Gen 2014	00
Per Election for Office Sought 37913.89 2014	AR
	neral
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or conc with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politic party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07 29 2014	
Signature	

PAGE 108

OF

Schedu	le E)	II EXPEND	ITOTILS		PAGE 109 OF 134 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	n Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo		N = M / D = D / Y = Y = Y = Y
	ame of Payee lyn Lesaicherre				of Public Distribution/Dissemination
Mailing	Address 629 Radiance Ave			Amou	07 26 2014 unt
City		State	Zip Code		70.00
Metai		LA	70001		saction ID: e9ac502d-051e-4cc1-a of Disbursement or Obligation
Salar	se of Expenditure /		Category/ Type 001		07 26 / 2014
Name	of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. M	ary L Landrieu		X Oppose	Presid	
_	alendar Year-To-Date er Election for Office Sought	, ,	75676.29	Disbursemer 2014	nt For:
	ame of Payee			Date	of Public Distribution/Dissemination
	lyn Lesaicherre			[07 26 / Y Y Y Y Y Y Y
Mailin	g Address 629 Radiance Ave			Amou	unt
City		State	Zip Code		4.80
Metai		LA	70001		of Disbursement or Obligation
Purpo Milea	se of Expenditure ge		Category/ Type 002		07 26 7 2014
Name	of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. M	lary L Landrieu		Oppose	Presid	lent Senate State: LA
	Calendar Year-To-Date For Election for Office Sought	, , ,	75676.29	Disbursemen 2014	nt For:
(a) SU	BTOTAL of Itemized Independent Expenditur	es			74.80
()					
(b) SU	BTOTAL of Unitemized Independent Expendi	tures		·· •	171171171
(c) TO	TAL Independent Expenditures			· •	
with, or	penalty of perjury I certify that the independent at the request or suggestion of, any candidate ammittee) any political party committee or its	ate or authorized			
Sign	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07	29 / Y Y Y Y Y 2014

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Dat	te of Public Distribution/Dissemination
Tarrin Lesaicherre	07 26 2014
Mailing Address 629 Radiance Ave	ount
City State Zip Code	70.00
Metairie LA 70001 Tra	insaction ID : f9793ad7-d59a-488f-8 te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ight: House District: 00
Ms Mary I Landrieu	sident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
Full Name of Payee Dat Tarrin Lesaicherre	Other (specify) ▶te of Public Distribution/Dissemination
Tarriii Lesaicheire	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave	nount
City State Zip Code	4.80
	nsaction ID: b911a784-bc5a-4da6-a te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 D D D / Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Mary L Landrieu Oppose Pres	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	74.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 110

OF

Schedule E)	PAGE 111 OF 134 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766			
Check if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y			
Full Name of Payee Tabetha D Espenschied	Date of Public Distribution/Dissemination			
Mailing Address 2002 East Park Ave	07 26 2014 Amount			
Apt 40				
City State Zip Code Searcy AR 72143	100.00 Transaction ID : 1027f755-6c51-4c7f-8			
Purpose of Expenditure Salary Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Squaht: House District: 00			
Mr. Mark I Pryor	Sought: House District: 00 President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought Disbur 2014	rsement For: Primary			
Full Name of Payee Kenny Wallis	Date of Public Distribution/Dissemination			
Mailing Address 6412 Osage Dr	07 26 2014 Amount			
City State Zip Code	25.00			
North Little rock AR 72116	Transaction ID: a7abbcd8-0b6c-45f0-9 Date of Disbursement or Obligation			
Purpose of Expenditure Salary Category/ Type 001	07 26 2014			
Name of Federal Candidate Support Office	Sought: House District: 00			
Mr. Mark I. Pryor	President Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For:			
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.				
Ms. Emily Buchanan [Electronically Filed] Date 07	7 29 / 2014			

Schedule E)	PAGE 112 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	t filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Kenny Wallis	07 26 2014
Mailing Address 6412 Osage Dr	Amount
City State Zip Code	3.15
North Little rock AR 72116	Transaction ID: 8355d7b0-d89b-4771-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 37913.89	Disbursement For:
Full Name of Payee Mr. Elizabeth Allison	Date of Public Distribution/Dissemination
	07 26 Y 2014
Mailing Address 157 Bishop Drive	Amount
City State Zip Code	12.50
Avondale LA 70094	Transaction ID: e3bc0588-70b4-4e83-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 / 26 / 9014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 75676.29	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	15.65
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M = M / D = D / Y = Y = Y
Signature [Electronically Filed] Date	07 29 2014

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	ate of Public Distribution/Dissemination
Laura Rose Porter	07 26 Y 2014
Mailing Address 227 Fairgrounds Road An	nount
City State Zip Code	12.50
Natchitoches LA 71457 Tra	ansaction ID : 7ad64758-f929-4e69-a tte of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sol	ught: House District: 00
Ms. Mary L Landrieu	sident State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	7
	Other (specify) ▶ate of Public Distribution/Dissemination
Laura Rose Porter	07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 227 Fairgrounds Road An	nount
City State Zip Code	1.80
Da	nsaction ID: 552970a6-d9c3-4671-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 26 7 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Ms. Mary L Landrieu Pre	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	14.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	29 2014
Signature	

PAGE 113

OF

benedule L)		FOR SE OF FORM 24/48
NAME OF COMM		FEC IDENTIFICATION NUMBER ▼
vvomen Sp	eak Out PAC	C C00530766
Check if 24-	nour report X 48-hour report New report Amends report	filed on Mam / Dab / Yayayay
Full Name of	Payee	Date of Public Distribution/Dissemination
Amelia E		07 26 2014
Mailing Addre	SS 804 Roundabout Circle	Amount
City	State Zip Code	100.00
Searcy	AR 72143	Transaction ID : 6631778c-3f2a-4d3f-8 Date of Disbursement or Obligation
Purpose of E Salary	xpenditure Category/ Type 001	07
Name of Fed	eral Candidate Support	Office Sought: House District: 00
Mr. Mark L P		President State: AR
	07040.00	Disbursement For: Primary General
Per Elec	tion for Office Sought	Other (specify)
Full Name of Amelia B		Date of Public Distribution/Dissemination
Mailing Addre	ess 804 Roundabout Circle	07 26 2014
	oo i ricanaabaa. Ciiolo	Amount
City	State Zip Code	80.40
Searcy	AR 72143	Transaction ID : 5ed6ed17-9c02-41ad-9 Date of Disbursement or Obligation
Purpose of E Mileage	xpenditure Category/ Type 002	07 Z6 Z014
Name of Fed	eral Candidate Support	Office Sought: House District:00
Mr. Mark L P	ryor \(\overline{\text{V}} \) Oppose	President Senate State: AR
		Disbursement For: Primary ☐ General Other (specify) ►
(a) SUBTOTA	L of Itemized Independent Expenditures	180.40
(b) SUBTOTA	L of Unitemized Independent Expenditures	>
(c) TOTAL Inc	lependent Expenditures	·
with, or at the	of perjury I certify that the independent expenditures reported herein were not request or suggestion of, any candidate or authorized committee or agent of e) any political party committee or its agent.	
Λ	Is. Emily Buchanan [Electronically Filed] Date	07 29 2014
Signature	Date	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

PAGE 114

OF

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Lee R Carter	07 26 2014
Mailing Address 3110 Brentwood Rd Amo	ount
City State Zip Code	70.00
Raleigh NC 27604 Trai	nsaction ID : 25655916-00ee-4d45-9 e of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Office Sou	ight: House District:00
Mc Koy Hogan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disburseme 2014	
	Other (specify)
Full Name of Payee Lee R Carter	te of Public Distribution/Dissemination
Mailing Address 3110 Brentwood Rd	07 26 2014 nount
City State Zip Code	5.70
	nsaction ID : 2cd33dda-a255-49cb-9 te of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 26 7 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Ms. Kay Hagan Oppose Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	75.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 115

OF

· · · · · · · · · · · · · · · · · ·		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Serena A Jones		07
Mailing Address 7151 Mullins Drive	An	nount
City	State Zip Code	40.00
Saltville	VA 24370 Tr	ansaction ID : 6579cdc3-6be5-4922-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 26 7 2014
Name of Federal Candidate	Support Office So	ught: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	184282.88 Disburser 2014	ment For:
Full Name of Payee Serena A Jones Mailing Address 7151 Mullins Drive		ate of Public Distribution/Dissemination 07
City	State Zip Code	23.70
Saltville		insaction ID: 61d94eb5-436c-4a80-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 26 / 2014
Name of Federal Candidate	Support Office So	ought: House District: 00
Ms. Kay Hagan	Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought	184282.88 Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures.	······································	63.70
(b) SUBTOTAL of Unitemized Independent Expenditure	es	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized committee or agent of either, or	
Ms. Emily Buchanan	[Electronically Filed] Date 07	29 2014
Signature		

PAGE 116

OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	/omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report file	ed on Man / Dan / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Taylor N Randall	07
	Mailing Address 2002 E Park Ave Apt 40	Amount
-	City State Zip Code	150.00
	Searcy AR 72143	Transaction ID : 76171ded-b218-40a5-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
f	Name of Federal Candidate Support Offi	ice Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Dis 201	sbursement For: Primary General
-		Other (specify)
	Full Name of Payee Taylor N Randall	Date of Public Distribution/Dissemination
	Mailing Address 2002 E Park Ave	07 27 2014
	Apt 40	Amount
Î	City State Zip Code	113.64
	Searcy AR 72143	Transaction ID: abd150d0-5622-4753-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 27 7 2014
ŀ	Name of Federal Candidate Support Off	fice Sought: House District: 00
		President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary
_	(a) SUBTOTAL of Itemized Independent Expenditures	263.64
((b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
((c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	07 29 2014
_	Signature	

PAGE 117

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Reagan Brackett	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 502 E Center Ave	nount
City State Zip Code	100.00
Searcy AR 72143 Tra	ansaction ID : e2a0a027-f3f9-413b-b te of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Mark I. Pryor	sident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disbursem 2014	
	Other (specify)
Full Name of Payee Da Lorri Anderson	tte of Public Distribution/Dissemination
Mailing Address 7214 Duchamp Dr	07 27 2014 nount
City State Zip Code	35.00
	nsaction ID: a71bc2ff-2a05-4c76-9 tte of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 27 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Kay Hagan Oppose Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ D D / Y Y Y Y Y 29 2014
Signature	

PAGE 118

OF

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 119 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766		
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			07
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	10.80
Charlotte	NC	23215	Transaction ID : c7758d15-468e-4918-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	184282.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			07
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	50.00
New Orleans	LA	70131	Transaction ID : 1864ef85-5ad7-46ee-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 27 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		60.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g			

Schedule E)	ENT EXICIO	TIONES	PAGE 120 OF 134 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC	C C00530766			
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	
Full Name of Payee			Date of Public Distribution/Dissemination	
Tylan S Green			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 2320 Saint Nick Dr			Amount	
City	State	Zip Code	3.00	
New Orleans	LA	70131	Transaction ID: 7ee81c80-5d34-49e3-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	07 27 7 2014	
Name of Federal Candidate		Support	Office Sought: House District:00	
Ms. Kay Hagan		X Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	.,,	184282.88	Disbursement For: Primary General 2014 Other (specify) ▶	
Full Name of Payee			Date of Public Distribution/Dissemination	
Felice Barrett			07 27 2014	
Mailing Address 1588 Asbury			Amount	
City	State	Zip Code	40.00	
Springdale	AR	72762	Transaction ID : d234b4fe-473a-437b-a Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		Oppose	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursement For: Primary General 2014 General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			>	
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political	
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07	

Schedule E)	T EXI END	HONES	PAGE 121 OF 13 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	R ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	n
Felice Barrett			07 27 2014	Y
Mailing Address 1588 Asbury			Amount	
City	State	Zip Code	7.2	26
Springdale	AR	72762	Transaction ID: 0367a871-fe5f-434b-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 00	0
Mr. Mark L Pryor		Oppose	President Senate State: AR	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	37913.89	Disbursement For: Primary General Support Other (specify) ▶	eral
Full Name of Payee			Date of Public Distribution/Dissemination	n
Brooke Graphia			07 27 2014	Y
Mailing Address 2306 Brownlee Rd.			Amount	
City	State	Zip Code	10.00	
Bossier City	LA	71111	Transaction ID : 550d2eb5-2e68-4516-8 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	07 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District: 0	0
Ms. Mary L Landrieu		X Oppose	President Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought	7 7	75676.29	Disbursement For: Primary General Other (specify) ►	eral
(a) SUBTOTAL of Itemized Independent Expenditure	es		. ▶ 17.26	
			7 7 7	
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07	
-				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Brooke Graphia	07 27 2014
Mailing Address 2306 Brownlee Rd.	mount
City State Zip Code	1.23
Bossier City LA 71111 Tr	ransaction ID : d7ec245a-1f64-459d-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District:00
Ms Mary I Landrieu	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary General
	Other (specify) ▶
Full Name of Payee Dylan Simon	ate of Public Distribution/Dissemination
Mailing Address 111 Millrock Drive	07 27 2014 mount
City State Zip Code	22.17
Lafayette LA 70508 Tra	ansaction ID: 7060b9f4-b354-49ab-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Office Sc	ought: House District: 00
Ms. Mary L Landrieu Oppose Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	23.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	29 2014
Signature	

PAGE 122

OF

Schedule E)	LIVI EXI EIVI	DITOTILO	PAGE 123 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Dylan Simon			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Millrock Drive			Amount
City	State	Zip Code	9.12
Lafayette	LA	70508	Transaction ID : 6e54c586-0496-4e87-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75676.29	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
James Antonetz			07
Mailing Address 11127 Gila Valley Dr			Amount
City	State	Zip Code	35.00
Little Rock	AR	72212	Transaction ID : 623cb198-c6be-4b5e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 27 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	37913.89	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		44.12
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures)
(c) TOTAL Independent Expenditures			. •
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 29 7 2014
- 3			

Schedule E)	IN EXILI	JII OI LEO	PAGE 124 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
James Antonetz			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11127 Gila Valley Dr			Amount
City	State	Zip Code	9.60
Little Rock	AR	72212	Transaction ID: 0dd83c42-4490-4341-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 27 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		37913.89	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Danielle McCoy			07 27 2014
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	70.00
High Point	NC	27260	Transaction ID : fa244d23-b0e9-41f8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		184282.88	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendi	tures		79.60
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		>
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	lidate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)					PAGE 125 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC					C C00530766
Check if 24-hour report X 48-hour report	New repor	t Amer	nds repoi	t filed on	M / D = D / Y = Y = Y
Full Name of Payee Danielle McCoy				M	
Mailing Address 1025 Cayley Ct				Amount	27 2014
City State	70 7	Zip Code			25.80
High Point NC		27260			ction ID : 3aa70180-3b72-4af5-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	M	
Name of Federal Candidate	I	Su	pport	Office Sought:	House District: 00
Ms. Kay Hagan			pose	Presiden	senate State: NC
Calendar Year-To-Date Per Election for Office Sought	18	4282.88		Disbursement I 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Chris McCoy				M	Public Distribution/Dissemination
Mailing Address 1025 Cayley Ct				Amount	27 2014
City Stat	te 7	Zip Code			65.00
High Point NC	_	27260			tion ID : 33b346a1-a36a-47f4-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001		7 27 2014
Name of Federal Candidate		Su	ipport	Office Sought:	House District: 00
Ms. Kay Hagan		X Or	ppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	,	184282.88		Disbursement 2014 Oth	For: Primary ⊠ General ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures				•	90.80
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures				· .	7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent.	authorized of				
Ms. Emily Buchanan Signature	[Electronic	ally Filed]	Date	07	29 / 2014

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 126 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	25.50
High Point	NC	27260	Transaction ID: c45c46a5-b192-48b7-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 27 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	184282.88	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Najib Mahmud			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3432 Riverrock Ct			Amount
City	State	Zip Code	50.00
Baton Rouge	LA	70820	Transaction ID : a9abe373-8a5f-4693-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 27 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		75676.29	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		75.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07
- 3			

Schedule E)	NI EXPEND	MIONES	PAGE 127 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Najib Mahmud			Date of Public Distribution/Dissemination
Mailing Address 3432 Riverrock Ct			07 27 2014 Amount
			Amount
City	State	Zip Code	3.60
Baton Rouge	LA	70820	Transaction ID: bb55ef50-917a-4ebb-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	75676.29	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07 27 / 2014
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	70.00
Ville Platte	LA	70586	Transaction ID : 2a2828b4-26a4-41f2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 27 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	75676.29	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	roe		
(a) GOD TOTAL OF REMIZED MOSPERIORIE EXPENDICE			70.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan	[Electro	nically Filed] Date	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Sch	edule E)	L/11 = 112.	101120				PAGE 128 OF 134 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	omen Speak Out PAC					С	C00530766
Check	k if 24-hour report X 48-hour report	New repo	ort Am	nends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
F	ull Name of Payee Christopher Marquess				Date		c Distribution/Dissemination
	Mailing Address 110 W Pecan St					07	27 / 2014
					Amo	ount	
С	city		Zip Code				34.50
	Ville Platte	LA	70586				ID: b00cbbcb-bdbe-4641-b ursement or Obligation
	rurpose of Expenditure Mileage		Category/ Type	002	$\Box \mid \cdot \mid$	07	27 7 2014
N	lame of Federal Candidate			Support	Office Sou	ght:	House District: 00
N	Ms. Mary L Landrieu		X	Oppose	Presi	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		75676.29		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee ERIC TABARY				Date	of Publi	c Distribution/Dissemination
	Mailing Address 6101 NORA ST					07	27 2014
۱۷	Mailing Address 6101 NORA ST				Amo	ount	
C	Dity	State	Zip Code				70.00
	METAIRIE	LA	70003		Tran Date	saction II	D: e0450d89-b056-4779-8 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07	27 2014
N	lame of Federal Candidate			Support	Office Sou	ght:	House District:00
N	Ms. Mary L Landrieu		X	Oppose	Pres	ident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	75676.29	9	Disburseme 2014	ent For: Other (sp	Primary X General pecify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures				, ,		104.50
(~,	OUDITIES OF ROTHESON HOOPOTHON Exportance.55				, _–		1000
(b)	SUBTOTAL of Unitemized Independent Expenditure	res			· •		
(c)	TOTAL Independent Expenditures				•		1 2 1 2
wit	der penalty of perjury I certify that the independenth, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	9 07	29	/ Y Y Y Y Y Y 2014
	Signature		_				

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	ate of Public Distribution/Dissemination
ERIC TABARY	07 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST An	mount
City State Zip Code	0.60
METAIRIE LA 70003 Tra	ansaction ID: 518554d7-256b-40d8-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 27 2014
Name of Federal Candidate Support Office So	ought: House District:00
Mc Mary Landriou	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	
	Other (specify) ▶
Full Name of Payee Courtney Goldstein	ate of Public Distribution/Dissemination
Mailing Address 1809 N Woodlawn Ar	07 27 2014 mount
City State Zip Code	25.00
Metairie LA 70001 Tra	nnsaction ID : 906a4103-c8c5-482b-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 27 / Y 2014
Name of Federal Candidate Support Office So	ought: House District: 00
	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	25.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	29 2014
Signature	

PAGE 129

OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	1 M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Courtney Goldstein	07 27 2014
Mailing Address 1809 N Woodlawn	Amount
City State Zip Code	3.00
Metairie LA 70001	Fransaction ID: b16f5f20-e426-4834-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07
Name of Federal Candidate Support Office S	Sought: House District:00
Ms Mary I Landrieu	resident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Patrice Wolfe	07 27 2014
Mailing Address 9909 Treasure Hill Rd	Amount
City State Zip Code	5.00
	ransaction ID : 646d4eed-3d6e-4a88-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mark L Pryor Oppose	resident State: AR
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	8.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	29 2014
Signature	

PAGE 130

OF

Sc	hedule E)	L/(1 L.(12)					PAGE 131 OF 134 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Am	nends repo	rt filed on	M = M	/ D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Patrice Wolfe					M M 07	/ 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 9909 Treasure Hill Rd				Amo	unt	
ŀ	City	State	Zip Code				0.30
	Little Rock	AR	72205				ID: 188f39c7-e30f-46c3-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M 07	27 2014
Ī	Name of Federal Candidate		<u> </u>	Support	Office Sou	jht:	House District:00
	Mr. Mark L Pryor			Oppose	Presi	· _	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		37913.89		Disburseme 2014	ent For: Other (sp	Primary
Ī	Full Name of Payee				Date	of Publi	c Distribution/Dissemination
Ì	Francis Richardson					M M M	27 2014
ľ	Mailing Address 220 Doucet Rd					07	21 2014
					Amo	ount	
-	City	State	Zip Code				35.00
	Lafayette	LA	70503		Trans Date	saction II	D : c8993519-4c00-46d2-9 ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07	27 2014
ľ	Name of Federal Candidate			Support	Office Sou	ght:	House District: 00
	Ms. Mary L Landrieu		X	Oppose	Presi	dent	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		75676.2	9	Disburseme 2014	ent For: Other (sp	Primary X General pecify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures.				· •	-	35.30
((b) SUBTOTAL of Unitemized Independent Expenditure	es			· • [7 1 4
((c) TOTAL Independent Expenditures				• [
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M = M 07	29	/ Y Y Y Y Y Y 2014
	Signature		_				

Schedule E)	PAGE 132 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on M M M / D D / Y B Y B Y B Y
Full Name of Payee Francis Richardson	Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd	07 27 2014 Amount
City State Zip Code Lafayette LA 70503	3.51 Transaction ID : a789f042-f2af-4bf9-9
Purpose of Expenditure Mileage Category/ Type 002	Date of Disbursement or Obligation 07 27 2014
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary General 4 Other (specify) ▶
Full Name of Payee Jon Linch	Date of Public Distribution/Dissemination
Mailing Address 6108 Harkins Ave	07 27 2014 Amount
City State Zip Code	30.00
Little Rock AR 72210	Transaction ID : b8400291-8c5b-4ed7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District:00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Dis 20	bursement For: Primary General Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures	33.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 29 / 2014

Schedule E)	II EAPENL	JIIONES	PAGE 133 OF 134 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on	
Full Name of Payee Jon Linch			Date of Public Distribution/Dissemination	
Mailing Address 6108 Harkins Ave			07 27 2014	
o oto Haikins Ave			Amount	
City	State	Zip Code	9.00	
Little Rock	AR	72210	Transaction ID: 3c31568d-d4f1-49cc-9 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	07 27 / 2014	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Mr. Mark L Pryor		X Oppose	President X Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought	7	37913.89	Disbursement For: Primary	
Full Name of Payee			Date of Public Distribution/Dissemination	
John Voholetz			07 25 / Y Y Y Y Y Y	
Mailing Address 718 N MacMillan Avenue			Amount	
City	State	Zip Code	60.00	
Wilmington	NC	28803	Transaction ID: 9043fb97-050f-4bcf-9 Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District: 00	
Ms. Kay Hagan		Oppose	President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	,	184282.88	Disbursement For:	
(a) SUBTOTAL of Itemized Independent Expenditur	es		69.00	
,			7 7 7	
(b) SUBTOTAL of Unitemized Independent Expendent	itures		•	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan	[Electro	nically Filed] Date	07	
Signature				

ooneddie E)	FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766			
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y			
	ate of Public Distribution/Dissemination			
John Voholetz	07 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 718 N MacMillan Avenue	mount			
City State Zip Code	6.90			
Wilmington NC 28803 Tr	ransaction ID: d0dd9c39-b396-45c2-b ate of Disbursement or Obligation			
Purpose of Expenditure Mileage Category/ Type 002	07 25 / Y 2014			
Name of Federal Candidate Support Office So	ought: House District: 00			
Ms. Kay Hagan	esident State: NC			
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary General			
	Other (specify) ▶ate of Public Distribution/Dissemination			
Timothy Foley	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 20679 Glenbrook Terrace Ar	mount			
City State Zip Code	15.00			
	ansaction ID: 37298619-a078-429c-8 ate of Disbursement or Obligation			
Purpose of Expenditure Salary Category/ Type 001	07 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate Support Office Sc	ought: House District: 00			
	esident Senate State: NC			
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:			
(a) SUBTOTAL of Itemized Independent Expenditures	21.90			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	10958.64			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Ms. Emily Buchanan [Electronically Filed] Date 07	/ D D / Y Y Y Y Y Y 29 2014			
Signature				

PAGE 134

OF